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ABSTRACT

A continuation of "A Guide for Establishing a Parent Support Program in Your Community," this book exemplifies the methods that the Postpartum Education for Parents (PEP) program has utilized in training volunteers. PEP's training programs are designed to enhance the natural communication abilities that parent volunteers possess. The guides in this book present, in layman's terms, outlines for (1) leading discussions of basic communication skills and group processes and (2) encouraging a self-examination of personal motives for volunteering. Chapter I describes two training sessions on telephone services and provides a leader's outline for each session. Chapter II briefly discusses monthly in-service meetings which all volunteers are required to attend. Also presented in Chapter II are optional training programs preparing volunteers to present childbirth classes and function as group leaders. Numerous appendices provide related materials, such as an application form, a volunteer screening guide, reading units for a PEP telephone volunteer's workshop and group leader training, outlines of the PEP telephone technique and postpartum check calls, and guidelines for PEP childbirth class presentations. (RH)

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A Leader's Guide for
TRAINING VOLUNTEERS
in Parent Support Services

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POSTPARTUM
EDUCATION for
PARENTS, Inc. of Santa Barbara

A LEADER'S GUIDE FOR TRAINING VOLUNTEERS IN PARENT SUPPORT SERVICES

by

Judy Mrstik

Cover Design: Gail Fenelon

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PREFACE

I inherited the responsibility for developing a PEP training program because, of the original founders, I was the only one who had ever given training of any kind to anyone. Realizing that these were pretty shakey qualifications, I started reading anything I could find in the library on communication skills. As I read, I became convinced that in order for PEP's training program to be successful, the skills taught to the volunteers could not seem as artificial as some of the material I was reading. There had to be some basis for discussion, but the volunteers had to be comfortable with the material and know that they did not need to change their personalities or normal communication patterns in order to participate.

ACKNOWLEDGEMENTS

I started writing my ideas on the back of an envelope. Obviously the program has progressed a great deal since then. There are many to thank for their help. Ruth Wilson, a PEP advisor, can actually put her arms around a person and hug confidence into her/him. She did this for me as many times as I needed it. Jane Honikman, a co-founder, listened endlessly while I selected my thoughts and always encouraged me with her helpful suggestions. Laurie Ryavec also reviewed, discussed, and helped a great deal in clarifying the materials. Jane, Laurie, and Julie Armstrong have been the guinea pigs who have used the outlines with me in giving PEP training. Their experiences have led to several rewrites of this material. Pat Finn has been my editorial conscience and has had the big job of correcting my spelling, grammar, etc.

No thank you would be complete without mentioning my sons, Andrew and Michael, and my husband, Vince, who understood why we sometimes ate leftovers for a second night and didn't interrupt my typing. Vince has also been my sharpest reviewer and his acute comments have forced me to make my material understandable. Thank you everyone. Without your help this guide might still be notes on the back of an envelope.

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INTRODUCTION

PEP offers its services as a parent support organization to help parents relax, to determine what they think is their own best way to parent and to enjoy being parents. In keeping with this philosophy, PEP's volunteers are parents themselves who listen to and care about the mothers and fathers with whom they talk. They are not expected to possess professional counseling skills but should be comfortable with themselves as parents and able to accept their own parenting experiences before placing themselves in a position of helping others.

PEP's training programs are designed to enhance the natural communication abilities which the parent volunteers already possess. The training guides in this book present, in a layman's terms, outlines for leading discussions of basic communication skills and group processes and for encouraging an examination of one's personal motives for volunteering. Since there is no right way to parent, volunteers need to recognize that they do not have all the answers.

This book is a continuation of A Guide for Establishing a Parent Support Program in Your Community and is presented to exemplify the methods PEP has utilized in training volunteers. All new volunteers are required to participate in a comprehensive block of training consisting of two all-day sessions. Chapter I describes these training sessions and provides a leader's outline (guide) for each session.

The need for in-group communication and training continues beyond the volunteer's first introduction to the organization. As a result, PEP requires that all volunteers participate in monthly in-service training meetings. Chapter II briefly discusses these in-service meetings.

PEP has developed further optional training programs which prepare volunteers to provide some of PEP's more specialized services. Two of these programs, training for childbirth class presentations and training for group leaders are also presented in Chapter II.*

All the leader's training guides in this book are presented in outline form which indicates the major points to be covered. No two trainers give training in the same way. Trainers may wish to add major points and/or delete some of the topics discussed. A good trainer will define his/her goals for the session, be familiar with material to be covered, be sensitive to the reception of the material by the volunteers being trained and be flexible enough to relax and adapt the material as the class progresses. If the trainer thoroughly understands the material being covered, he/she will be comfortable in presenting it in her/his own words.

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*PEP is currently developing optional training procedures for two new programs: Baby Basics (a three hour basic infant care class) and the Grief Support Program (offering support to parents experiencing loss or threatened loss such as miscarriage, sudden infant death, etc.).

Since a lot of material must be covered in a very brief time, the trainer should study the outlines and be prepared to encourage the trainees not to dwell on minor points. If a trainee seems to be having problems, the trainer may want to suggest that the discussion be continued at lunch or after class.

For a successful training session, it is imperative that the trainer be prepared, informed, comfortable and relaxed.

CHAPTER I

NEW VOLUNTEER TRAINING--TELEPHONE SERVICES

All new volunteers are trained to provide telephone support services in the form of warm line calls and postpartum telephone calls (i.e., calls to congratulate parents upon the birth of their child and offer assistance, if desired). The training outline which follows consists of four major segments: (1) Self-Awareness, (2) Communication Skills and Role-Playing, (3) Medical Panel, and (4) Role-Playing and Summary. PEP combines these four segments into two eight-hour sessions. Segments (1) and (2) are usually covered in the first eight-hour session and segments (3) and (4) are covered in the second eight-hour session. PEP usually gives these two sessions of training on two consecutive Saturdays.

Training may also be given on two consecutive weekdays. However, this practice is discouraged since it is difficult to get professionals (physicians and counselors) to donate four hours of their time during their regular working hours on weekdays, and two consecutive days of training are hard work and exhausting for the volunteers.

PEP has considered the possibility of giving training in four four-hour segments. Since this had not actually been tried, there is no information to share on this idea.

The outlines which follow are presented for a two session format. The goals, format, and materials used in each of these sessions are described at the beginning of each outline. The materials in the outlines are presented sequentially as they might be developed in class. To thoroughly understand the guide, the leader should first read through the numbered major topics. Where relevant, a paragraph explaining the reasons for including these major topics has been added at the beginning of the topic. The points listed throughout the discussion are the major ideas to be explored and developed under these major topics.

Because it is helpful to the trainer to be able to look down at any given time and find it easy to locate a particular discussion topic, key words are repeated in the left hand margins and subject groupings are separated by either a solid or broken line: The solid lines separate major topics and the dotted lines separate ideas pertaining to each major point within any one topic. The heading "Leader" usually provides suggestions for the way the leader initiates dialogue and discussion of key points. The exact same words are not necessarily used.

Ten volunteers are usually trained at one training session and training is best given by two trainers. During the first session, the trainees are divided into two smaller groups to facilitate discussion. It is important that each smaller group have a leader. The co-trainer helps with the second small group. In both sessions, the second trainer also helps create a casual relaxed format, fills in with extra information, helps with sample role-playing situations, and assists as necessary (i.e., setting up lunch). If more than ten volunteers are trained, more than two leaders may be necessary.

Training is given whenever there are enough applications available from people who want to be trained and when the program needs the services of additional volunteers (generally, two or three times a year). Volunteers fill out an application and attend a screening interview prior to training. (See Appendices A and C for more information about application and screening). After an interview, volunteers are given information about training classes, a Volunteer's Reference Guide, a reading unit and other handouts to read prior to the first training session (see Appendices B, D, E, and F).

Finding an appropriate place in which to give training is important. Two rooms are preferable so that the two small groups may be separated for their discussions. PEP has given training around a big table where all the volunteers sit together and can take notes. Volunteers have also been offered the opportunity to sit casually around a room on sofas, chairs, and the floor. (In Santa Barbara, the volunteers seem to prefer the latter format.) A light, well-ventilated, comfortable room is necessary and the presence of a kitchen is a bonus that facilitates lunch preparations. Finally, PEP has always been able to find training locations that may be used free of charge: the faculty lounge of a local school, meeting rooms of banks or libraries, or the offices of a family and marriage counselor.

Since the volunteers are all parents, some thought should be given to the question of providing childcare during training. Originally, PEP hoped to save volunteers the expense of childcare by providing it for the parents participating in the program. However, planning and providing childcare turned out to be too time consuming for the limited number of PEP volunteers available to help with it. Further, PEP found that parents participating in the training program were so distracted by the presence of their children nearby that they were not able to give their full attention to the class. If it is possible to help parents with child care arrangements, it is advisable to provide these arrangements at a location different from that of the training class.

Timing is not specifically defined in the Guides as the leader needs to retain flexibility in adjusting to the needs of the group being trained. As a general rule, however, in the first session, small group discussion and communication skills should be discussed before lunch. In the second session, the medical panel should end by the lunch break. In both sessions, the afternoons should be devoted to role-playing sample calls and to review. Evaluation forms should be completed prior to dismissal to insure that the volunteers return them.

TRAINER'S GUIDE

NEW VOLUNTEER TRAINING--TELEPHONE SERVICES

SESSION I

GOALS

1. To review expectations and feelings of volunteers and planners with regard to goals of project.
2. To investigate and understand our own feelings and how they can either help or hinder us in our participation in the project.
3. To realize the role of communication in our lives as it pertains to the sharing of our feelings and encouraging others to do the same.
4. To familiarize the volunteer with the skills which will make an effective volunteer.
5. To facilitate a bonding process between trainees and within PEP organization.

ADVANCED PREPARATION

1. Volunteers complete a written application (Appendix A).
2. Screen those with suitable applications in a personal interview (Appendix C).
3. Determine dates of training. Allow for two complete days of training.
4. Find an appropriate location for training. The location should have at least one room capable of seating 10 trainees plus two trainers comfortably. A bathroom is a necessity and a second room and kitchen are helpful. Good ventilation and lighting are important.
5. Select a panel of community professionals to assist with the morning of the second day's training. The panel should consist of an obstetrician, a pediatrician, and a family and marriage counselor or psychologist. (See the guide for Session II for the goals for this session and instructions to give to the professionals about their participation on the panel; also Appendix M).
6. Prepare equipment and handouts (see following).

7. Determine volunteer resources and organization instructions. This means that training should include discussion of where the volunteers go for help with their problems both within the organization and within the community. They will also need to know about any forms that they will be using to aid in record keeping and evaluation.

8. Be thoroughly familiar with the outlines of the material to be covered.

FORMAT

The participants will sit in a large circle after a casual coffee gathering when they first arrive. Nametags will have a color code for later breaking up to small groups. Two leaders will sit within the group or at the top of the circle. Training can be given either very casually with participants on the floor or sitting at tables so that they may take notes comfortably. This variation would depend upon the style most comfortable to the trainer and trainees.

MATERIALS AND EQUIPMENT

1. Nametags, color-coded for small groups
2. Chalkboard or large paper for writing in front of group; chalk and/or marker
3. Extra paper and pencils for volunteers
4. Roles for role-playing, already cut up to hand out individually; can be stored in envelope
5. Two telephones for role-playing (optional)
6. Each volunteer should have been given a copy of the Volunteer's Reference Guide at the time of selection

HANDOUTS

1. Reading Unit (Appendix D)
2. Handout on Postpartum Telephone Calls (Appendix F)
3. PEP Telephone Technique (Appendix E)
4. Volunteer Roster

5. Community Resource Information

6. Special Circumstances Information (i.e., a list of volunteers in the organization who have experienced special situations such as adoption, c-section delivery, colic, etc., and are willing to help others who experience similar situations)

7. Call Sheets and other forms (if any) (Appendix K)

8. Homework (optional practice exercises) (Appendix J)

9. Evaluation sheet (Appendix L)

AFTER TRAINING--MIDWEEK CALL

PEP in Santa Barbara has developed the practice of telephoning volunteers individually during the week between Session I and Session II. This enables the trainer to discover if the trainee has any specific concerns or problems of which the trainer is unaware. It also enables the trainer to share reinforcing information (concerns and compliments) about trainee participation. Finally, the call enables the trainer to firmly establish an effective line of communication which will continue beyond training.

TRAINER'S GUIDE

NEW VOLUNTEER TRAINING--TELEPHONE SERVICES

SESSION I

Topic Covered	Comments
8:45 a.m.	Trainees arrive Allow 15 minutes for everyone to arrive, get coffee, and get settled.
Introductions:	Leaders will introduce themselves and encourage volunteers to introduce themselves and give a little information about themselves. Leaders will give a brief summary about organization. History Services Structure and Organization Questions Describe the format for the workshop to the volunteers. Open casual discussion and exercises Volunteers have wide range of experience Material not new--geared for layman to enhance skills not change behaviors Volunteers should feel free to get up and move around for extra coffee, etc., if necessary Materials not for public distribution Describe the location of the bathrooms and smoking regulations. Pass out volunteer roster. REMEMBER: The more relaxed and casual the trainers are, the more relaxed the trainees will be.

Experiential Demonstration:	When volunteers arrive they are nervous and unsure about what to expect from the upcoming training. Even the initial introductions do not totally put them at ease. This optional exercise may serve as a light ice-breaker and smoothly lead into the description of the mornings activities.

Topic Covered	Comments
Leader:	"Now that we are all acquainted, we will do an experiential demonstration before the group for which we will need five volunteers." Wait--allowing the silence and tension to mount. Urge, if necessary. Wait until five hands have been raised.
Point:	"We have just completed the exercise. We want to examine what goes on inside of us when we are asked to take a risk by volunteering. Did you notice the pause? The waiting? The rise in tension? Some of us volunteered while others did not. Let's look at what your inner experience was as you were reaching a decision about volunteering."
Instruction:	If time permits, ask participants to describe their feelings to a neighbor and to think about how these feelings might be similar to the feelings they had at the start of the training program.

Introduction of Training Subject Matter: Leader:	"You are here this morning because you have decided to volunteer your time, energy, and interest in an area which concerns you personally. You have decided to take a certain risk, gone through a screening process and now are ready for a training program. Much of what we will be doing will seem obvious or logical. We are not going to teach you much new material, but rather, will reinforce and build upon behaviors and responses which come naturally to you." We will be discussing the following main topics: Session I (First Day) A. Morning 1. Developing Trust 2. Importance of Knowing Ourselves 3. Communication Skills and Active Listening, including: Discrimination Focusing Responding 4. Obstacles to Communication

Topic Covered — Comments

Session I (Cont.)

B. Afternoon
   5. The Role of the Volunteer:
      Giving advice
      Confidentiality
   6. Miscellaneous:
      PEP telephone technique
      Postpartum checks
      Organizational announcements
   7. Role-Playing

Session II (Second Day)

A. Morning--Medical Panel
B. Afternoon--Role-Playing, Questions and Summary

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1. DEVELOPING TRUST:

Elements of Trusting Atmosphere:

This review of material in the reading unit provides a "Neutral" time before leading into the more intimate discussion of volunteer feelings. There may be a comparison here that the trainees are also developing their own sense of trust with the group and with the leaders.

If parents feel trust, they will be able to discuss their feelings. This introduction of the idea of discussion of feelings leads into the "knowing ourselves" section.

Leader: "The reading unit discusses the elements of a trusting atmosphere."

Question: "Of all the things discussed what do you think is the key to getting a parent to open up and talk to you as a phone volunteer?"

Points: A volunteer must be:

Honest
Sincere
Caring
Accepting

Topic Covered	Comments
Comment:	"This is important for the participating parents in our program. Without first establishing an atmosphere of trust there will not be a comfortable environment in which the confidence to enable expression of feelings will be able to grow."
2. KNOWING OURSELVES:	This small group discussion enables volunteers to look into themselves and also serves as an extension of the screening interview in that the trainer can further ascertain volunteer stability. Before a volunteer can be in a helping position to another person, he/she must first be comfortable with his/her own feelings. Also, PEP needs to know that volunteers will not attempt to save the world with advice, or to make up for past problems by "helping" someone else, or need to vent their own frustrations, etc.
Leader:	"As volunteers we must be able to identify our own feelings, recognize how they influence our behavior, how others see us, how we see others (bias), and learn to be able to honestly and sincerely relate our feelings when we wish to do so."
Leader:	"Let us start by openly discussing our feelings as they relate to our own parenting experiences, and our reasons for volunteering."
Format Change:	Break into small discussion groups as designated by color code on name tags. A leader will be within each group. This is one of the most important parts of the morning session. Unfortunately, time is limited. One-half hour is needed as a minimum. If the class starts punctually, this may be extended 10 minutes or so. Volunteers will want more time. The leader may sense before class begins when volunteers arrive how much time may need to be devoted later to discussion of communication skills. If leader anticipates that volunteers need little extra help with communication skills, he/she may choose to extend this discussion time even further.
Exercise:	Free Discussion

Topic Covered	Comments
Leaders Start:	"As indicated, the purpose of this group is to allow us to talk about our own parenthood experiences and our feelings about them. Before we can be in a helping position to others, we need to be aware of and comfortable with our own feelings." (It often helps if the leader starts with a brief discussion of her/his own feelings.)
Points:	* 1. What are my feelings about parenthood, now and when it first happened? * 2. How do these feelings influence my reasons for wanting to participate in this project? 3. What do I expect to gain from this experience? 4. Do I have any biases that will interfere? 5. What special talents do I have to contribute?
NOTE:	** There will not be time to discuss all of this. Numbers 1 and 2 are the most important and the others may be drawn in at times
Format Change:	Return to the large group. Be sure to allow time for sharing between the 2 small groups. The volunteers always seem to want to know what they missed in the other group.
Leader:	"Did anyone feel uncomfortable discussing their feelings?" "Did anyone have trouble saying everything you wanted to say?"
Points:	It is hard to make yourselves vulnerable in front of others. It requires trust between members and within the group. Taking a risk is involved.
Leader:	"Honest expression of feelings is difficult and this is one problem we may encounter in our contacts as volunteers. As we examine what is difficult for us and why, we learn what difficulties others are going to have with us. We are going to have to help them, perhaps by risking or exposing ourselves to draw them out."

Topic Covered	Comments
Point:	In order to establish the lines of communication by creating a warm comfortable environment, we must first be comfortable with ourselves.
3. COMMUNICATION SKILLS:	While volunteers are not expected to have professional skills, there must be some basis for discussing the skills the volunteers already possess. The reading unit provides this basis. Some discussion must be included to insure that there is a common understanding of these principles. They will be practiced and discussed in the afternoon role-playing session. PEP's experience has shown that volunteers do not need to spend much time on this topic; however, it might be a good idea to plan 30-45 minutes. Any time the trainer can anticipate saving here may be used for extending small group discussion time. Because this one topic covers so many points, it may help the trainer to see a brief summary of the material that follows. The points listed in this summary are developed in more detail later in this training guide. The added detail permits the trainer to spend more time on any one point should it be necessary to do so. However, the fact that such detailed material is provided does not necessarily mean that the trainer should try to cover all of it. All of this material is covered in the reading unit.
Summarize Reading Unit:	As necessary: (see Reading Unit--Appendix D)
(These Points Developed in Detail Following):	Communication: A. Express an experience or convey a message. B. Verbal and non-verbal components (see exercises below). C. Listening to non-verbal is important. Active Listening: A. Effort to hear and understand. B. Non-verbal cues assist in understanding.

Topic Covered	Comments
	C. Emphasis in training on non-verbal cues and detecting real message in communication. 1. Discrimination 2. Focusing
	Responding: A. Silence B. Minimum Verbal Response C. Encouraging Comments D. Feedback Responses: Restatement, Reflection, Accent, Questions
Communication Skills Introduction: Leader:	"All of our exchanges here today involve communication. Are there any questions about the reading unit?" (Note: the leader may want to develop the preceding points as they occur in the questions and not adhere to the outline.) If there are no questions, the leader may want to go on:
Leader:	"Once again, all this labelling may seem artificial. You will probably read it, discuss it, and store it in the back of your mind.
Point:	The main point is to describe the various roles in and aspects of communication so that we can discuss and pinpoint our roles as volunteers."
Exercise #1:	"In our reading unit we described communication involving the very basic roles of speaking and listening. These two components we take very much for granted. To exemplify how important these and all aspects of communication are, we are going to do a couple of simple exercises."
Purpose:	It will be fun. To get to know each other better and to demonstrate aspects of communication.

Topic Covered	Comments
Instructions:	1. Pick someone you know very little--if at all. 2. Try to learn as much as possible about that person in 2 minutes. 3. No pencils. No talking.
Note:	In case volunteers seem confused you might instruct them that they may use all the gestures they wish.
	4. The leader will tell you when 2 minutes end and when you can change roles. 5. Each person will have up to 1 minute to tell the group what he/she learned.
Exercise #2:	"Words add a whole new dimension." Now turn your backs to each other.
Instructions:	1. You are to talk about your first few days with your baby. 2. Each of you will be given 1 minute to talk. 3. Leader will announce when 1 minute has passed so volunteers can trade turns.
Question Volunteers:	"How did you feel doing these exercises?
Point:	1. We can learn a lot from gestures. 2. Words are needed, too. 3. All aspects of communication are important. They are part of an integrated whole. 4. We even got some experience at active listening. 5. The back-to-back exercise closely resembles our actual experience on the phone.

Topic Covered	Comments
Conflicting Messages:	"Words are helpful and necessary. However, as indicated in the reading unit, words can convey messages or disguise them." "Can anyone think of words to convey one message while disguising this message by conveying another message at the same time?" If the vounteers do not seem to be able to come up with any:
Examples:	Leader will speak the following sentences in several ways allowing the intonation to give each sentence different meanings. Leader can do one example and ask the volunteers to read the other sentences from the chalkboard and do the same. 1. "My, you look so slim since the baby was born." If the leader reads the sentence straight, it can be meant to be a compliment to the mother. If the leader hesitates before and after the word "slim," as though having difficulty even saying the word, it may mean the speaker is trying to compliment the mother but is having trouble being truthful. 2. "Motherhood is exciting." Depending on how the word "exciting" is uttered, the speaker may be saying it is great or horrible. 3. "Isn't she a beautiful baby!" 4. "How sweet! Babies always have such a...baby smell!" Question the volunteers about what message each statement gives. Leader can lead into the discussion of Active Listening by asking volunteers what they are doing when they are interpreting these messages.

Topic Covered	Comments
Communication: Active Listening: Definition:	Active Listening is combining all aspects of communication to hear and understand what is actually being said. We do this by: 1. Watching for gestures, facial expression, bodily stance, eye contact, ease, relationship of hand to face. 2. Listening for speed, tone, inflections, intensity, diction, grammar, etc.
Time Gap:	Active listening is using the above cues in order that we can effectively use the time gap described in the reading unit (e.g., the gap created by the listener's ability to hear faster than the speaker is able to speak). If the time gap is properly utilized, the listener is able to discriminate and focus.
Communication: Discrimination: Definition:	Discrimination is a part of the active listening process which involves deciding which is the more important and/or troubling issue for the parent, or if there is anything important that is disguised or left out. It is defining the major problem.
Leader: Point:	"Once again, let us emphasize that there may not be confusing messages and this is OK. You really do not need training in how to respond to a mother who calls to share an experience or to openly admit that she hasn't slept all night and she is tired." Training time is spent on disguised and/or conflicting messages and how to respond to them because it is through these subtle messages that parents may first try to approach us with their problems and their feelings. These are situations that we do not encounter as often and our experience in dealing with them is probably not as developed.
Examples:	The following is a list of one-line examples which, depending on the intonation given by the leader, can demonstrate some conflicting messages and therefore provide practice in discriminating. Appendix H contains a complete list of these and similar sentences to help demonstrate discriminating, focusing, and responding. Sample interpretations (discriminations) are included with the list.

Topic Covered	Comments
See Appendix H	1. "My mom was really happy about the baby." 2. "My husband really wanted a boy." 3. "That kid sure keeps her busy." 4. "It is hard to find time alone."
Communication: Focusing: Definition:	Effective use of the time gap also allows the listener time to focus. Another part of the active listening process, focusing, is hearing more than one message and drawing attention to what you think is the more important one. Discriminating and focusing are part of one continuous process.
Focusing on Emotional Messages:	"With this skill (focusing), we will be practicing with the emotional messages. The emotional content may be the parent's way of hinting that he/she has feelings he/she needs help in handling. Most often this emotional content deals with negative emotions."
Question to Volunteers:	Recognizing and discussing negative emotions is beneficial. Why?
Points:	1. Helps to reduce their intensity. 2. Sharing them may help a person accept these emotions more easily. 3. The discussion tells the parent you are attentive and feeling with him. 4. Enables the parent to focus more accurately on the problem, leading perhaps to a solution. "Focusing on the emotional content is important because it is a person's emotional reaction to an event, more than the event itself, that dictates the response.
Examples:	Repeat prior examples listed in Appendix H and used on p. 17 on the discussion of discrimination.

Topic Covered	Comments
Real Life Example:	The following is the summary of an actual call PEP has received. Volunteers really like to hear about such calls. It sparks their enthusiasm. The calls used for examples vary depending on recent calls received. This call is included so that the trainer may see how such examples fit into the format of a discussion on communication skills: Debbie called to ask if she was doing the right thing in treating her 3 month old son who had a low fever. She thought it might be caused by teething, because he had been waking up at night after previously sleeping through. His apetite was the same and he didn't fuss when he ate. Can babies get teeth this early? Am I treating the situation OK by rubbing teething gel on his gums? She had not called the doctor since she didn't want to bother him and they had an appointment to see him in two days. Debbie just felt confused about what a fever might mean.
Points:	Discrimination: Baby restless at night, mother insecure, worried about teething and fever. Focus: Temperature sounds OK; check with doctor before giving medication; reassure the mother that she is doing the best possible for her baby.
Responding: Definition:	Responding, also a part of the active listening process, is indicating in some way that you are receiving, have received, or are trying to receive a message. Even while responding, the volunteer is perpetuating the active listening process. The volunteer's effort in responding is directed toward the goal of understanding the parent and encouraging the parent to continue.
Leader:	There are two kinds of responses: Supportive and Inhibitive. Since we are interested in one and hoping to avoid the other, we will discuss both.
Leader:	"What are the ways of responding?"
Points:	1. Silence 2. Minimum verbal response: "mmm," "yes," "I see," "oh." They show: agreement, acceptance.

Topic Covered	Comments
	3. Door openers: encouraging comments designed to draw out further discussion and/or elicit more information. 4. Feedback responses: feed back and demonstrate the volunteer's effort to understand the speaker and check the accuracy of the information. It also encourages the parent to continue speaking. Feedback responses are quite valuable and there are several different kinds of feedback responses that merit further discussion. a. Restatement b. Reflection c. Accent d. Questions
Kinds of Feedback Responses: a. Restatement:	Restatement is a repetition of the statement made to the volunteer by the parent by: Repeating the statement or Paraphrasing the statement Caution: While we use this naturally in our speech, it can be overdone. If overused, the speaker will sound like a parrot. Further, there is a tendency for the listener to respond to the last statement in a compound statement rather than to the more important thought, wherever it occurs. Repeating the less important thought would cause the parent to focus on the wrong idea.
Examples: (practice as necessary)	Using restatement, practice responding to the following examples (used in previous discussion of focusing and discriminating, listed in Appendix H). 1. "My mom was really happy about the baby." 2. "My husband really wanted a boy." 3. "That kid sure keeps her busy." 4. "It is hard to find time alone."
b. Reflection:	Reflection is mirroring back to the parent the feelings the volunteer thinks the parent is expressing. Importance: It labels, verifies, and encourages the speaker to continue.

Topic Covered	Comments
Example:	Once again, real life examples of PEP warm line calls spark interest: Parent: "Nothing is really wrong, and I didn't know whom to call but I sometimes have the feeling that I need to be educating my son." Volunteer: "You are worried that you're not stimulating your child enough?" Parent: "Yes, that's it. I know he's awfully young, only 7 months, but I need a place to go, make some friends and learn more about children."
Point:	The volunteers reflection enables the volunteer to tell the parent what she understands the parent to be saying, and gives the parent the opportunity to verify or correct that information. The knowledge that a caring person is listening and understanding encourages the parent to continue speaking.
c. Accent:	Accent is picking up and emphasizing one key word from a communication expressing the main thought or a strong feeling voiced or implied.
Examples: (use as necessary)	Repeat examples from "Restatement": 1. "My mom was really happy about the baby." 2. "My husband really wanted a boy." 3. "That kid sure keeps her busy." 4. "It is hard to find time alone."
d. Questions:	Questions are statements preceded by "Who, what, when, where, and how" and are for the purpose of eliciting more information. Questions are one of the most useful ways of finding out about parents and their problems.
Example:	Once again, an example from a real PEP call: Parent: "I'm worried about weaning my baby off the bottle." Volunteer: "How old is your baby?" Parent: "Eighteen months."

Topic Covered | Comments

Volunteer: "How often does he take the bottle?"

Parent: "Only at bedtime."

Volunteer: "Does your baby enjoy the bottle?"

Parent: "Yes, but he wiggles a lot while I hold him."

Volunteer: "What made you think it was time to wean him?"

Parent: "My husband and someone else said by this age he shouldn't need it."

Volunteer: "What do you think?"

Parent: "I don't think he needs it either. In fact, if it's OK to take it away, I think I will. It's really so messy anyway."

Point: Exercising care not to sound like an inquisitor, the volunteer is getting the information he/she needs to help guide the parent to his/her own decision about the problem at hand.

Caution: Asking the question WHY puts the parent on the defensive and if asked to explain feelings in this way it is particularly damaging.

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4. OBSTACLES TO COMMUNICATION: Inhibiting Responses: The previously mentioned response techniques encourage continued communication with parents. There are responses that are not appropriate to our roles as volunteers. These are Inhibiting Responses. We must be aware that there are some things that we could do that would discourage communication:

Points:

1. We could be overly pushy.
2. We could be dishonest.
3. We could be artificial.
4. Talking too much about ourselves, promising solutions, and/or acting like an authority takes away from parent concentration on his/her own problem.

Topic Covered	Comments
	5. If the parent gives responsibility for the problem to the volunteer, there is less chance that a satisfactory solution will be found. That is, parent involvement in the discussion decreases.
SUMMARY:	"So far this morning, we have accomplished a great deal. We have gotten to know each other and hopefully ourselves a lot better. One of the biggest problems our volunteers have found so far is that to be active listeners we must be aware of and understand our own feelings. The temptation is always there to interpret everything a caller says in terms of ourselves and our experiences rather than to relate to it in terms of the parent calling. We all do it and cannot eliminate it totally. The key is to be aware that what we see is filtered through our feelings and that they impact upon our listening skills. Until we are aware of and comfortable with our feelings about our experiences, we cannot establish trust and go on to communicate effectively with others." "In our discussion of Communication, we stressed the importance of Active Listening by effective use of the time gap caused by being able to listen faster than one is able to speak. Through effective attention to the speaker, we are able to watch for gestures and listen for cues which enable us to focus and then discriminate. The various response skills enable us to get as much information as possible, verify that information, and let the parent know we are listening, caring, and trying to help.
NOTE:	While the guide includes discussion of responding skills in the morning segment, a new trainer may find it difficult to do so. If it becomes necessary to postpone the Response topic to the afternoon segment, the leader may want to work it in after the "Role of the Volunteer" (Topic #5). The same is true for a discussion of "Obstacles to Communication" (Topic #4). Each trainer will develop his/her own pace and it may take one or two sessions for this to happen.

Topic Covered	Comments
LUNCH:	Allow 45 minutes to 1 hour for lunch. Volunteers may bring a sandwich to share for a sandwich tray, with PEP providing beverage and fruit; they may order out; or they might bring their own sack lunch.
5. ROLE OF THE VOLUNTEER	The time after lunch is notorously "sluggish time" for everyone. It will be particularly challenging for the trainer to get through "Role of the Volunteer" (and, perhaps, "Inhibiting Responses" and "Responding" to "Role-Playing"). It is important to be organized and move quickly. It is important that volunteers understand PEP's philosophy of "helping." In understanding this, they are better able to respond appropriately to parents when they contact PEP. A lot is mentioned in the reading unit and screening interview about PEP's philosophy:
PEP PHILOSOPHY: Points:	1. There is no one way to parent. 2. Everyone does the best they can. 3. PEP allows parents the opportunity to share experiences, discuss them, explore alternatives, and arrive at their own best way to parent.
Role:	What then is the Role of the Volunteer?
Point:	1. Be a good listener. 2. Be supportive. 3. Do not give advice eagerly or prematurely. 4. Before giving advice, help parent to explore alternatives.
GIVING ADVICE:	Why need to be cautious about advice:
Points:	1. Liability of offering medical advice. 2. Putting ourselves in the position of authority and/or expert. 3. If we give it, we qualify it: "This worked for me..." 4. Have all information necessary before giving advice.

Topic Covered	Comments
Leader:	It is OK to say "I DON'T KNOW." Don't rush to give advice.
SHARING EXPERIENCES: Leader:	"A great deal has also been said about listening and not giving personal experiences. Yet we are parents and on the phones we are the only parents with whom our parent participants will be talking with. Sometimes, we might want to share a personal experience."
Question:	"How do we know whan it is OK to do so?"
Points:	It is not OK to give an experience if it is because of our own need to tell it. It is OK to give an experience if the intention is to benefit the parent who is calling PEP: 1. To let the parent know the experience is a shared one. 2. To show acceptance of parent's feelings. 3. To show understanding of parent's concerns.
CONFIDENTIALITY:	This is also a good time to discuss confidentiality. "We do not discuss cases with others. In training we can discuss SITUATIONS but there is no need to mention names. When we are referring parents to groups we will be transferring information to the group leaders (at the parents request)." "Further, we do not discuss doctors or hospitals by name, ever, nor do we encourage parents to do so in our groups. Again, we can discuss situations."
6. MISCELLANEOUS: PEP Telephone Technique: (Appendix E)	PEP's "Telephone Technique" has been given to volunteers to read prior to class. It is quite self explanatory. There are rarely any questions about it. Nevertheless, the trainer should verify that the volunteers have no questions.
Points:	This handout emphasizes that it is important to:

Topic Covered	Comments
	1. Define the problem 2. Utilize Active Listening 3. Refer when necessary 4. Follow-up at a later time
Postpartum Checks: (Appendix C)	Postpartum checks are calls to parents (at their request) after the birth of their baby to congratulate them, remind them about PEP's services, and to encourage them to feel free to use PEP whenever necessary. Volunteers also invite parents to join PEP groups. Volunteers have read the handout describing this service prior to class.
Point:	The skills required in making postpartum calls are the same that a volunteer uses in answering warm line calls.
7. OTHER ORGANIZATIONAL ANNOUNCEMENTS:	Depending upon each organization's services and structure, the leader may want to allow time for discussion of the following: 1. Forms and procedures for recording calls received as well as supervisorial procedures related to the phone volunteers. 2. Community resources, i.e., who to go to for help. 3. Sign-up for phone shifts. 4. Sign-up for special circumstances list. This is a list of any areas where the volunteers have special experience that could be of help to another parent having a similar problem. This list can include, for example, the names of volunteers who have had c-sections, premature births, adopted children, etc. The list is given to all volunteers and should such a problem arise, a referral can then be made to the volunteer with experience in that area.

Topic Covered | Comments

SUMMARY: So far today we have covered:

1. The importance of knowing ourselves so that by being comfortable with ourselves, we can encourage others to communicate with us.
2. The importance of a trusting atmosphere.
3. The importance of communication.
4. Because of the difficulty in expressing emotions (especially negative ones), people often give partial messages or communications with hidden messages. It requires skill on volunteers' part in determining:
    a. What the message really says = DISCRIMINATING
    b. To which message we respond = FOCUSING
5. RESPONDING is likewise complicated; but, our role as facilitator calls for us to respond in a manner that encourages the speaker to continue and/or the group to respond so that the leader can maintain a low profile.
6. We talked about ways to respond which enable us to do this:
    a. Silence
    b. Minimum verbal response
    c. Encouraging responses
    d. Feedback responses (restatement, reflection, accent, question)
7. While these skills will also aid in any contact with parents, the emphasis here has been on working with phones. If interested, volunteers can go on to visit childbirth classes and become group leaders. Some may want to become involved in PEP's administrative activities.
8. Finally, we learned that our own natural instincts will aid us in using these skills.

Leader: "Are there any questions about what we have covered?"

Topic Covered	Comments
ROLE-PLAYING:	The rest of the afternoon is devoted to role-playing.
Purpose:	1. Helps volunteers relax their fears about getting their first phone calls. 2. Demonstrates by example the types of calls that can be expected. 3. Provides additional opportunities to talk about and practice communication skills. 4. Provides an opportunity to learn more about the volunteers. 5. Adds to volunteer bonding.
How to Role-Play: (Appendix I)	A list of sample subjects for phone conversations is included in Appendix I. The roles are "one-liners" and artificial in that they do not represent a whole conversation. However, one volunteer is given a parent role and it is amazing how each volunteer develops this role in a different way. Often the volunteer is expressing personal experiences which serve as a continuation of the small group discussion process. In doing so, they usually end up representing a pretty realistic warm-line situation. A second volunteer is asked to role-play the phone volunteer.
Preparation:	It is a good idea to prepare the roles in advance. Each role should be typed on an individual sheet of paper and all roles stored in an envelope. If the volunteers return the roles when they are finished with them, they can be reused at later classes. Plan to have each volunteer role play being both a parent and a volunteer at least once. To facilitate a smooth session, plan in advance who will be doing what, when and with whom. A simple way to do this is to take the volunteer roster and make a chart:

Role-Playing Chart:

Parent Role	Volunteer Role
Julie Adams	Judy E.
Jane Doe	Julie A.
Judy E.	Jane D.
etc.	

Topic Covered	Comments
	It is preferable to let volunteers role-play with different people each time.
	When role-playing starts, roles should be given to both of the first two volunteers who will be assuming the parent role so that they will have a few minutes to collect their thoughts and plan their roles as parents. Subsequently, each new parent role can then be given to a volunteer one role in advance to provide a similar opportunity.
Benefits:	If there are 10 to 12 volunteers, it is helpful to allow all the volunteers to observe the role-playing situation. Initially, volunteers are twittery and nervous. But they soon warm up and enjoy it. The leaders can insure that they relax by making role-playing fun. If a volunteer appears to be in real distress, the leader can break into the role and say: "This is turning out to be a hard one and maybe we can help you. Does anyone want to help?" The group usually jumps right in to assist. In the unlikely event that they do not, the leader can ask questions about the situation. Start by getting the volunteers to discriminate and focus. Then talk about possible responses.
Leaders Responsibility:	While role-playing is going on, the leader should be keeping track of the volunteer's communication skills so that the leader can point out to the volunteer that he/she already (probably unconsciously) used the skills discussed earlier. It may be helpful to use a role-playing rating sheet similar to that in Appendix I-2.
	The leader should attempt to point out as much positive information as possible, especially at the start when everyone is nervous. If the leader is unsure about the role-playing situation, he/she can ask the volunteer role-player how he/she felt being a helper. The leader can also ask the parent role-player if he/she felt helped. Did the volunteer correctly discriminate? If not, what was he/she trying to say about his/her problem?
	These discussions following each role-playing situation are vital learning opportunities and allow all volunteers to participate.

Topic Covered	Comments
	Not all situations will have a solution or conclusion. Each role-playing situation lasts about 3 minutes--end the situation when a tone is set or a trend develops in the conversation. After everyone has had a chance to role-play, additional roles may be necessary or requested by the volunteers, time permitting. Extra roles are included (Appendix D). PEP uses real telephones and, while more realistic, they are certainly optional.
HOMEWORK: (Appendix J)	Also included with PEP's handouts is PEP's homework assignment (Appendix J). It is optional. Some volunteers really want to do it. Others do not. If volunteers take it, be sure to allow time to discuss questions (if any) in the second session.
Wrap Up: (Appendix L)	Ask for any Questions and Summarize as necessary. Be sure to allow time to hand out the evaluation sheet (Appendix L) so that, if at all possible, it can be returned before the end of the day. END PUNCTUALLY. If necessary, cut out some material or role-playing. End the class so that volunteers may go home at the promised time.

TRAINER'S GUIDE

NEW VOLUNTEER TRAINING--TELEPHONE SERVICES

SESSION II

GOALS

1. To acquaint PEP volunteers with the distinction between professional and non-professional help.

2. To clearly define that PEP provides non-medical (non-professional) support.

3. To indicate when volunteers refer to professionals and how to do so.

4. To review the skills and principles learned in prior workshop.

ADVANCED PREPARATION

1. Select a Panel of community professionals to assist with the morning session. This panel should consist of an obstetrician, a pediatrician, and a marriage and family counselor.

2. In preparing for their participation, panelists will need to know about the organization, the goals of the training program, and specifically what the purpose of the panel presentation is. (See Appendix M for copies of the letters sent to the professionals.)

3. Invite panelists to stay for lunch.

4. It is helpful if the panelists know each other and enjoy working together. It adds to the relaxed, casual atmosphere.

FORMAT

In the morning, a panel of professionals discusses parenting with volunteers. An obstetrician talks about the postpartum mother, a pediatrician talks about the infant, and a counselor (psychologist) talks about the importance of the expression of feelings as they influence the adjustments of the postpartum family.

The format is casual. Panelists will be given time (usually about 15 minutes) to give a prepared statement. General discussion among the panelists and between the panelists and volunteers is encouraged.

The common thread in all the discussion should be supporting the parent-"mothering the mother."

Time allowed: From approximately 9:00 a.m. to 11:30 or 12:00 noon. In the afternoon, volunteers will role-play as in previous session.

HANDOUTS

1. Phone Schedules (Appendix K-1)
2. Record Sheets (Appendix K-2)
3. Community Resource Information
4. Evaluation Sheets (Appendix P)

TRAINER'S GUIDE

NEW VOLUNTEER TRAINING--TELEPHONE SERVICES

SESSION II

Topic Covered	Comments
8:45 a.m.	Trainees arrive Allow 15 minutes for everyone to arrive, get coffee, and get started. Panelists will arrive at 9:00. They may not be on time. If this happens, leader can ask for questions, cover homework, or handle some of the miscellaneous business scheduled for after lunch in the afternoon session. When panelists arrive, offer them coffee, and get them settled comfortably either at a table in front or on chairs in a circle with the volunteers.
Introductions:	Leader introduces panelists and states the purpose of the morning session (as described on the previous page). Leader sets the mood encouraging casual and relaxed discussion. Leader is responsible for keeping discussion on track and ending punctually. Repeat invitation to panelists to join volunteers for lunch.
LUNCH	Allow 45 minutes to 1 hour
Miscellaneous Business:	Collect Evaluations still outstanding from previous training day (if any). Handout Phone Schedules (Appendix K-1) and describe volunteer responsibilities when on Phone Duty. Cover: Do they call in at the start of shift? If they are unavailable to take their shift, what do they do? If they need to leave temporarily during shift? etc.

Topic Covered	Comments
	Discuss procedures if volunteer should have difficulty with a call: Refer parent to own doctor Use volunteer guide Refer to Community Resource Guide or call the Community Resource Information Service (CRIS) (if one) for help Call PEP chair or trainer Call Calm or other abuse counselor willing to be PEP resource Discuss the importance of follow-up call. The follow-up call is discussed in the handout called "PEP Postpartum Check Phone Calls" (see Appendix F).
Review Homework: (Appendix J)	Optional, depending on time and volunteer interest. Do this in such a way as to include a review of prior session--covering all questions.
ROLE-PLAYING:	Follow same procedures outlined in Session I, p. 28. Plan to allow at least enough time for each volunteer to be the volunteer in a role-playing experience at least once. In tune with morning panel topics, roles for this session are more "medical" in nature. They are included in Appendix N. Also allow ample time to discuss each situation and offer guidance to volunteers in their roles as volunteers. If time permits continue role-playing by letting participants volunteer for extra roles (Appendix O).
Evaluation Questions: (Appendix P)	Hand out evaluation forms and recap allowing for any questions that still persist. Send volunteers home on time.

CHAPTER II

TRAINING FOR SPECIAL PROGRAMS

Good training is a critical component of all of PEP's programs. PEP requires that volunteers participate in one in-service training meeting per month. Information about these meetings is included in PEP's Guide for Establishing a Parent Support Program in Your Community. Some of it is repeated here for your information.

PEP has found it necessary to develop new training programs as it has grown. These programs are briefer and much less structured than the new volunteer training. However, information about how PEP trains it's volunteers to become group leaders and how to make childbirth class presentations may be helpful and are included in this chapter.

In-Service Training

Training is never considered complete. Volunteers need to update their communication skills continuously, share problems, and learn about community resources. As a result, volunteers are expected to attend monthly training meetings. Generally, they are not any more frequent than one three-hour training session per month. The time and place of the in-service meetings vary from weekday evenings in the volunteers' homes to Saturday mornings in public places.

Planning the subject matter for these sessions is important. Since the organization is regularly adding new members, the skill level and experience of the volunteers will vary greatly within the group. The training material must be sufficiently stimulating to the more experienced volunteers and, at the same time, it should not be too advanced for the new volunteers. Repetition may be necessary when the new volunteers need to learn information that the others have already received. There should also be sufficient variety in each session so that volunteers will want to attend.

Planning the subject matter for these sessions is important. Since the organization is regularly adding new members, the skill level and experience of the volunteers will vary greatly within the group. The training material must be sufficiently stimulating to the more experienced volunteers and, at the same time, it should not be too advanced for the new volunteers. Repetition may be necessary when the new volunteers need to learn information that the others have already received. There should also be sufficient variety in each session so that volunteers will want to attend.

Three sessions in a row on community resources, for example, would be inappropriate. One month, a representative from a public agency might be invited to speak, while the next month might be an organizational meeting with no outside speaker. Experienced volunteers can be asked to role-play problem calls with newly trained volunteers. No matter what the announced topic, each session should begin with a skills support segment, where volunteers can ask questions and share calls they have received or problems which have arisen in group discussions.

An additional aspect of training is that it brings all volunteers together once a month and contributes to improved communications within the organization. In fact, PEP volunteers requested that in-service meetings begin 1/2 hour earlier than planned (i.e., 7:15 p.m. instead of 7:45 p.m.) so that they can meet and talk with their friends. This has been quite successful. Periodically social activities are substituted for formal training, which also serves to increase the bonds of friendship among the volunteers. It provides the opportunity for the group bonding process, started in the initial training session, to continue.

Possible Topics for In-Service Training

1. Invite a representative from the local community resources information service to speak to volunteers about resources in the community.

2. Invite a marriage counselor, a psychologist, or a psychiatrist to discuss any number of topics, e.g., husband-wife relationships, stress as a result of grandparental pressure, assertiveness, etc.

3. Invite representatives from various community agencies such as a child abuse prevention organization or hotline, Mental Health Services, Visiting Nurses, Helpline, Childbirth Educators, Planned Parenthood, etc., to speak to the group about their services.

4. Discuss mother-infant bonding.

5. Discuss cesarean births.

6. Prepare a book list either for volunteers' references or to give to parents with whom they work.

7. Role-play problem calls.

Because it is important to maintain the primary focus on training, the business portion of any meeting should be kept to a minimum. If it is necessary to conduct a great deal of business, a separate meeting should be planned.

Childbirth Class Presentations

After volunteers have been on telephones for a while, many enjoy the opportunity to go out and talk to expectant parents in person. With the approval, support and cooperation of the Childbirth Educators in Santa Barbara, PEP representatives speak to expectant parents in the childbirth classes to tell them about PEP's services, hand out literature about PEP and invite parents to use its services.

The coordinator of this program is responsible for contacting the childbirth educators for permission to speak to their classes and information about when they meet; assigning representatives to visit these classes; keeping records of those parents who wish to receive a call from PEP after the birth of their baby; distributing the lists of these parents to the volunteers willing to making; and supervising the training of the volunteers interested in aiding with this service.

In training someone new to make a childbirth class presentation, the coordinator arranges for the volunteer to observe the presentation of an experienced volunteer. Next, the volunteer learns the presentation, and returns to make his/her own presentation to another class. The experienced volunteer accompanies the beginner speaker for support. PEP has prepared charts for volunteers to use during their presentation which detail the information the volunteer is presenting. The information in the charts would be similar (although briefer) to the information contained in the handout given to the volunteers concerning the content of the presentation. This information is included in the guidelines contained in Appendix Q. (See Appendix K-1 for a copy of the record sheet used in making childbirth class visits.)

Group Leader Training

When PEP gave it's first training session, all 15 original volunteers were trained to be both warm line volunteers and group leaders. This was not very successful since some volunteers had no interest in becoming group leaders, while those who did, needed more information.

As a result, PEP has developed a three hour session to train group leaders. It includes a reading unit discussing group theories, problem-solving and brain-storming. While PEP leaders do not formally label these theories, they will certainly be encouraging brain-storming as a means of problem-solving within the various groups.

Volunteers who understand group processes, who demonstrate comfort with their own communication skills and who enjoy groups make excellent group leaders. PEP requests volunteers to indicate their interest in becoming group leaders and the volunteer coordinator decides who will be trained. Prior to training, volunteers are asked to observe a parent discussion group so that they can see how PEP groups work.

Once trained, a volunteer is teamed with another group leader (preferably an experienced one) by the coordinator and they organize their own group. When their group meets, the new leaders will be joined by an experienced group leader (called a floater) for the first few meetings. This aids the volunteers in knowing how well they are doing as leaders and helps the organization insure the quality of the service being offered. If, at anytime, the leaders are having any problems, they may ask to have the floater return. Experienced group leaders starting a new group may not need the help of a floater and one will not be assigned unless specifically requested.

PEP groups meet in the volunteer leaders' homes and these two and one-half hour meetings usually continue for about six months. After this period of time the parents usually are confident and motivated enough to continue meeting on their own without the group leaders. The facilitators can lead into the transition by decreasing the frequency with which they meet with the group.

Groups meet either during the day or evening and single parents as well as couples are encouraged to attend.

The outline that follows is much less detailed than those of the last chapter. The trainer usually sits and casually discusses prior experiences with groups, how to organize the group and answers questions about group processes. To date, PEP has trained no more than 8 volunteers at one time. It helps a lot if one or two experienced group leaders are also present to share their experiences with the trainees. PEP has found that inviting the most recently trained leaders to return and share their experiences really helps both groups (new and old leaders). The previously trained leaders comment that they learned so much the second time that they had missed the first time because they had not actually encountered some of the situations discussed. Their questions and problems are also of interest to the new trainees.

The format of the leader's outline (guide) is similar to that followed in the first chapter.

TRAINER'S GUIDE

TRAINING FOR GROUP LEADERS

GOALS

1. To discuss purposes of PEP groups as they relate to PEP's philosophy.
2. To familiarize trained phone volunteers (already familiar with working on a one-to-one basis) with group processes.
3. To refine leadership skills by teaching volunteers the best ways to utilize these group processes in order to establish group rapport and encourage group participation.

PREPARATION

1. Volunteers will be selected from the ranks of interested telephone volunteers. It is especially helpful if the trainees have also had experience in making postpartum checks and/or visits to childbirth classes.
2. Volunteers will be given a reading unit (Appendix R) covering types of groups, group processes, brain-storming, problem-solving, and how to handle disruptive group members. They will be asked to observe a group session in progress prior to training.
3. A "floater" (a trained, experienced group leader) will be scheduled to participate in the training process and after training to work with the new volunteers in organizing their own groups. The floater continues to help the new leaders until both the leaders and the floater are convinced the group is functioning smoothly.

FORMAT

Casual discussion. Current group leaders will also participate in the discussion. Depending on the number participating, trainees may be divided into sub-groups.

HANDOUTS

1. Reading Unit (Appendix R)
2. Preparation for Group Discussion (Appendix S)
3. Common Topics for Group Discussions (Appendix T)
4. Record Sheet for Group Leaders (Appendix U)

TRAINER'S GUIDE

TRAINING FOR GROUP LEADERS

Topic Covered	Comments
Introductions:	Make sure that everyone present knows each other. Allow time for everyone to get acquainted with each other. As part of these warm-up discussions, steer the subject matter to include the following: 1. The volunteers' involvement in and commitment to PEP
Points:	a. Why do I want to be a group leader? b. What can I contribute? c. What can I get out of it?
Discuss:	2. Why does PEP have groups? (PEP's philosophy)
Points:	a. To allow forum for exchange of feelings and ideas. b. To provide supports. c. Not to give advice but to encourage the group to do it.
Discuss:	3. What is the role of the group leader?
Points:	a. To set the mood--tone. Establish trust, rapport. b. To encourage group participation. c. To guide, encourage, draw out. d. To coordinate meetings and follow-up on one-to-one basis where necessary.
Reading Unit: (Appendix R)	Ask if volunteers have any questions about the material in the reading unit. Again, this theory is information that augments your own natural skills. Summarize the information in the reading unit only as necessary. Most volunteers dislike having the material they have already read repeated to them if they have no questions.

Topic Covered — Comments

Types of Groups:

Groups are different. Each one has it's own personality. They will start off looking for you to set the tone and you will play a significant role in helping the group arrive at its personality. BUT only within the bounds of the personalities of the members and the way they interact with each other and with you, the leader.

Discuss as necessary:

1. Group roles: TASK and MAINTENANCE and INDIVIDUAL. It is important to maintain the balance between sharing and problem solving, and meeting emotional needs of members. Because individuals come with needs and play various roles in the group, knowledge of these roles will help leader to know the group members and help the group to function smoothly.

2. Group Rapport: Physical and Emotional ATMOSPHERE and the INSIGHT PERIOD.

3. Responsibilities of group leaders: Be aware of:

    Atmosphere
    Participation
    Goals
    Interaction
    Leader roles
    Member roles
    Distracting influences

Problem-Solving:

Knowledge of this skill is important because PEP encourages group members to help in the problem-solving process. There is little need to label the process for the group.

1. Define the problem.

2. Consider what you have done so far.

3. List possible solutions. This is where brainstorming comes in.

4. Test solutions (evaluate).

5. Decide what to do.

Topic Covered	Comments
	6. Do it. 7. Follow-up
Brain-Storming:	This is a method of problem-solving, often used informally in groups without actually being labeled brain-storming. 1. Usually ask for suggestions first. Do not evaluate. 2. Evaluate the suggestions. Eliminate those that have already been tried or that won't work. 3. Select the most reasonable. 4. Follow-up later to see if it worked.
Question:	What do you do when the parent has a problem for which the group cannot find an answer?
Point:	There may not always be answers for the parents' questions. Hopefully, the fact that the group cared enough to try to help will support the parent as will the knowledge that the situation is a problem for others as well. Ask the parent if there is more that the group can do to help.
Disruptive Members:	So far we have had no really disruptive group members. But there are distinct personalities within a group and we will discuss them soon.
Procedures for Forming a Group:	1. A good sized group consists of 10 parents. Parents are encouraged to bring their babies. 2. The leaders determine meeting date, time, place, and frequency. A variety of times are possible, i.e., an evening group or a morning group. PEP groups usually meet either 2 times per month (i.e., first and third week) or every other week. They meet in the volunteers' homes. 3. A coordinator keeps a list of names of parents interested in joining a group. It will take some

experimentation to determine how many names must be accumulated before a group can be formed. The longer parents wait before being invited to join a group, the greater the chance of their losing interest and the larger the dropout rate.

When the names on the list reach 20 (or 30 depending on how often new groups are formed and how many group leaders the organization has) the leader calls those parents to invite them to the group.

Parents who indicate an interest in attending may in fact not show up. The question then arises as to how many times the parent should be invited. PEP has decided that all parents on the list are invited the first time. Those that have changed their minds are crossed off the list and not called again. Those that express interest but can't come the first time are called a second time. If possible, they can be told future meeting dates, time, and place and encouraged to attend whenever possible. Some PEP volunteers send postcards to those parents they think are still interested. It is important not to harrass parents to join a group. At some point, it must be assumed that the parent doesn't want to come--no matter what he/she says. By leaving the parent with the leader's phone number, the parent can always call if interest in a group arises.

4. Leaders plan refreshments. Most new parents seem to really like fruit juice to drink. PEP leaders have offered coffee and tea but parents rarely take them. Leaders usually offer some kind of cookie, nut bread, etc., for the first meeting. After that the parents usually provide their own food (at their own suggestion) if they want it.

5. Leaders plan together the discussion topics. This includes their mutual consideration of their goals and ideas for the group and anticipation of the ways that they can work best together.

Topic Covered	Comments
Leader:	"The rest of the time will be spent discussing all aspects of becoming a group leader by considering your fears and our experiences as they pertain to your questions about becoming a group leader. The discussion will include how to work in teams and work with different personalities in the group."
Question:	What are some of your fears about becoming a group leader?
Points:	1. Will a group show up? 2. Will they talk? 3. How do I deal with silence? 4. How do I initiate discussion? 5. Do I provide advance planned topics or allow freedom of group members to choose? 6. How do I prepare? 7. How to keep on track? 8. How do I handle baby disruptions? 9. How do I handle an angry confrontation between members? 10. How do I know when to include myself in the discussion?
	Discuss each of the above questions separately:
#1:	Will a group member show up? There is no way to really know. It depends on a great many factors such as: how long it has been since a parent signed up to come to the group, on the weather, distance to the meeting, health of parent and child, and meeting time. PEP has found that if about 6 weeks elapses between the time the parents signed to join the groups and

Topic Covered	Comments
	the time the group meets, about one in three people will show up. That is, if 30 people are called, ten people will show up. If less time has elapsed more people come. Sometimes all parents show up for the first meeting but the group dwindles with later meetings. If the group does not diminish, it would be necessary to split into two smaller groups. Sometimes, no one shows up. It happened once for PEP. This is definitely not a reflection on the group leader. Parents may still be really interested. Check with the parents again. Try a second meeting if they request it. If not, start another group.
#2:	Will they talk? It is incredible how the bond of new parenthood makes parents eager to talk. PEP has always started it's first discussion groups by allowing parents to introduce themselves and tell about their birth experience. Everyone usually has something different to share and many find common experiences and feelings. The main problem will be getting all the talking done before it is time to end the meeting.
#3: #4:	How do I deal with silence? How do I initiate discussion? There may be moments of silence and the leader may need to initiate discussion. This is easily done with a relevant question like, "Is anyone's baby sleeping all night yet?", or "Are your husbands enjoying the babies?" These offer the parents the opportunity to share experiences but also open the chance to talk about their frustration of sleepless nights or any frictions in the husband-wife relationship. The leader can recall his/her significant concerns of parenthood at that stage, and be prepared in advance to ask pertinent questions to remind parents of their concerns.
#5:	Do I provide advance planned topics or allow freedom of group members to choose? Different group leaders approach this in different ways. It really depends on style of leadership and

Topic Covered	Comments
	the interests of the group. Most PEP groups function quite smoothly when members talk about their concerns of the moment. On occasion they may want to devote an entire meeting to one topic such as toys, safety, foods, etc. The leader and/or the group members may want to research the topic before the discussion.
#6:	How do I prepare?
Handout: (Appendix S)	Preparation for group discussion (see Appendix S). The best preparation is discussing your goals and hopes with your co-leader. Discuss how you expect to work together and your worries. Keep the channels of communication open and be honest with each other. Further preparation is recommended on the handout.
#7:	How do I keep on track?
	Parents will jump around from subject to subject and the leader may need to remind them that Kay asked a question and maybe we should finish the discussion of it before going on to the next. Or the leader may ask, "Kay, was there anything else you wanted to consider about engorged nipples before we talk about crying babies?" Sometimes a member of the group will do this for the leader; if not, the leader is responsible for insuring that Kay's needs are met, if possible, so that she will not be left dangling.
#8:	How to handle baby disruptions?
	Baby disruptions are common. They help parents understand that their baby is no more disruptive than other babies. All group members are parents and very understanding. Sometimes, it may be appropriate to plan a break so parents can get refreshments, diaper babies, etc. Caution: Sometimes a mother may seem really overwhelmed and appreciate a helpful hand from the leader. HOWEVER, there already is a tendency to consider the leader an "Authority" and a leader taking over a fussy baby may perpetuate this undesirable attitude and may be a "put down" for the parent.

Topic Covered	Comments
#9:	How do I handle an angry confrontation between members? Disagreements between members occur rarely even though there are frequent differences of opinion. The leader should keep in mind that even doctors disagree about attitudes in child rearing and that it is normal. Different points of view are constructive and helpful learning experiences as long as each experience is recognized as an individual and each parent is encouraged to determine what is right for herself (himself).
#10:	How do I know when to include myself in the discussion? Like knowing when to give advice, this is a difficult question to answer. In the first few meetings, it is important for the leader to avoid giving personal experience too often. Parents will come to expect the leader to have all the answers, which, of course, is not possible. It also discourages group involvement in the problem solving process. However, once in a while, a leader may want to include a personal experience to initiate discussion or to relieve tension and support the idea that there are many different ways of looking at a situation. As group rapport develops, the leader may find that the parents are becoming friends. He/she becomes less of a leader and more of a group member. If personal experiences are accepted as those of just one member of the group, the leader may want to include more of them--always being cautious that the group is not there to solve the leader's personal problems.
Question:	Are there any other concerns that we have not yet discussed?
Picking up on Cues:	In groups, as on the telephones, it is easy to listen to parents and relate their experience to our own experiences and think, "I had that problem," or "I didn't have that concern." In some cases this can help us understand the situation or consider alternatives for solutions. However, it may also keep

Topic Covered Comments

us from totally hearing what the parent is saying. We may get so involved in thinking and feeling our own experience, we miss cues from the parent about their concern. It is important to listen with the parent in mind and continually try to define the problem from their point of view.

This becomes easier as you relax with your group and as you become more comfortable with your own experiences. The other group members will probably be listening and giving "I" interpretations. As leader, you can best help by giving "you" responses. "You seem confused..." "You feel angry...," etc.

If you can do this, you will find you are much better able to hear fully what the parent is saying, to pick up cues, to guide the group in their responses, and to keep the conversation going.

Note: The leader may want to review some of the communication skills described in the New Volunteers Training on Telephone Services.

Personalities in Groups: Most common personalities in groups are:

Just wants to listen--This is OK. The leader should be sure that the person's failure to participate is not due to shyness or some other problem with which she/he needs help.

Has own problem (different from the one being discussed)--Accept the problem and suggest that the group discuss it next. Ask for further discussion of current topic. Be sure to return to this problem next. Discuss it if pertinent. If not, leader may offer to discuss it privately later.

Quick, too helpful--The group may take care of this. Leader can ask for several opinions.

Side conversationalist--Sometimes desirable. If not, can urge group to listen to one person: "___ has something interesting to say, you all might like to hear it." Leader can always say, "I feel confused with so many conversations," or "I feel..." If the problem persists, the leader may need to

Topic Covered	Comments
	talk to the group members involved after the meeting
Working in Teams:	As group leaders you will be working in teams and there are several options as to how you will work with your teammate. You will need to discuss it together and try the various alternatives until you are able to decide which is most comfortable for you: 1. Leaders share responsibility equally. 2. One leader is responsible for guiding discussion while the other leader, as an observer, is better able to pick up on cues from parents that the first one may miss. 3. You may take turns assuming the two roles described in #2 above or you may want to consistently assume the same role.
Note:	It is important to talk to each other and decide how to work best together. It may take several meetings together to decide.
Discussion Topics:	"Those of us who have been doing groups for almost a year now have put together some of the most commonly discussed subjects in our groups."
Handout:	Common Discussion Topics--See Appendix T.
Leader:	Ask volunteers for other questions. Remind volunteers that they will be teamed by the coordinator and that a floater will be assigned to work with them until they feel comfortable. Summarize as necessary. Close punctually.

POST SCRIPT

It is important for the reader to conclude reading this guide with the understanding that training plans vary depending on the organization, group and trainer. Even in the course of writing this guide, PEP's materials have been modified.

I have been training volunteers for other organizations starting PEP-like programs in their communities and each time the training is different, depending on their needs. Volunteers have been trained on consecutive weekdays instead of Saturdays; once I eliminated the second session's role-playing and replaced it with group leader training; with an especially bright group of volunteers virtually all discussion of communication skills was deleted except as this information pertained to sample calls and role-playing.

I am repeating this information to encourage you to use this guide as a starting point to give you ideas for your program. Be creative--change it--improve it. Training is a fun, sharing experience! Good Luck!

APPENDIX A

VOLUNTEER APPLICATION

Name ______________________________ Spouse ____________

Address and Zip ______________________ Phone ____________

Age and Sex of Children ______________________________

PEP is happy that you are interested in becoming a volunteer. We think it is really important for our volunteers to examine and understand how they feel about their own parenthood experiences and their motives in volunteering before they start talking to other parents. Therefore, we would like you to consider and answer the following questions. We will be discussing them further when we meet you before training begins. If necessary, use the back of this form to complete your answers.

1. Why do you want to be a volunteer for PEP?

2. What do you think you could contribute? What are some of your strengths and weaknesses?

3. What do you expect to gain from being a volunteer?

4. Briefly describe your feelings during your first six weeks of parenthood.

5. Do you feel that parenthood has been a learning experience for you? How and why has it helped you to grow?

6. What is the best approach to parenting? What do new parents need most to know.

7. Are you willing to make a commitment as a volunteer for 1 year?

Please return this application by ________________ to

Judy Mrstik
841 De La Guerra Terrace
Santa Barbara, Calif. 93103

APPENDIX A-2

PEP VOLUNTEER COMMITMENT SHEET

PEP offers the following services free of charge to all interested parents in the community:

Warm Line--24 hours, 7 days a week
Parent Discussion Groups
Childbirth Preparation Class Speakers
Postpartum Telephone Calls
Special Circumstances Facilitators
Home Support

Volunteers are recruited, screened, interviewed, and trained to provide the above services. All volunteers are expected to serve as Warm Line phone volunteers and to make Postpartum Telephone Calls to new parents after the birth of their baby. They may perform other duties on the Board of Directors or in positions of other services as interested and trained.

Warm Line phone volunteers are asked to make the following commitment:

One year of service which includes:

Initial training
No more than 6 phone shifts per month
No more than 1 follow-up training meeting per month
No more than 1 list of postpartum calls in any 2 month period (one list averages 8-10 calls)

When on duty, Warm Line phone volunteers will:

Call in to the Answering Service at the beginning of each shift.

May leave as necessary during the shift, but must notify phone service of expected length of absence or leave number where volunteer can be reached.

Upon returning, call in to phone service or find another volunteer to cover in absence.

STRICT CONFIDENTIALITY IS ADHERED TO AT ALL TIMES.

PEP does not endorse or make recommendations of doctors, nurses, hospitals, dentists, lawyers, or other professionals or agencies.

APPENDIX B

VOLUNTEER ACCEPTANCE LETTER

8 September 1978

Dear Volunteer:

Congratulations! We are pleased to welcome you to the growing number of PEP volunteers.

A training workshop has been scheduled for Saturdays, 23 and 30 September. On the 23rd we will be meeting at Brandon School, 195 Brandon Drive, Goleta, from 8:45 a.m. to 3:15 p.m. On the 30th, we will meet at the same times at Fellowship Club, 2017 Chapala Street, Santa Barbara.

A volunteer guide is included with this letter. It will be your reference source as a phone volunteer. Within this guide is a reading unit. You will find it helpful to have read this material prior to the workshop.

We ask volunteers to bring a sandwich for a sandwich tray at lunch. PEP provides fruit, beverage, and other refreshments.

Training is an event that all our volunteers thoroughly enjoy and we are looking forward to sharing it with you.

Sincerely,

Judy Mrstik
Jane Honikman
Co-Chairs

APPENDIX C

SCREENING OUTLINE

Many volunteer applicants have no prior association with PEP and are unfamiliar with the program's goals and the nature of its services. Therefore, it is important to screen all applicants carefully to ensure that their attitudes toward parenting and their reasons for volunteering are consistent with the program's philosophy.

PEP has used several formats for this screening process. Originally, Advisory Board members screened applicants. Each board member privately interviewed each applicant briefly. All interviewers compared impressions at the end of the day. This method, although time-consuming, was thorough, and provided a good model for subsequent screening sessions.

Because Advisory Board members had serious time constraints, however, it was necessary to consider who else might conduct interviews. The founding mothers, who were also officers of the Board of Directors, had the clearest idea of the type of volunteers PEP needed. Currently, at least two members of the Board of Directors participate in screening interviews. It is also helpful if the trainer is included in screening procedures. Generally, the screening committee uses the following guidelines:

1. Schedule interviews in a public place or home which is centrally located.

2. Allow at least one-half hour per applicant. This should include a few minutes to discuss the application prior to the interview and at the conclusion of the interview. (Be sure each interviewer has read the application in advance.)

3. Two people should screen each applicant. This allows for sharing impressions and ideas. A greater number of screeners may overwhelm the applicant. Depending upon the number of applicants, it may be necessary to have two sets of interviews occurring simultaneously. If this happens, the four interviewers may want to greet two applicants together briefly before splitting into separate interview groups.

4. During the first five minutes, allow time for introductions and getting acquainted. This can include both a brief discussion of PEP's history and development and questions from the applicant. Set a relaxed tone for the interview.

5. Begin the formal interview with a review of the application and any questions the interviewer may have. A good question might be, "What has been your most difficult adjustment as a parent?"

6. This leads into a five-to-ten minute discussion of situational questions. For example, "PEP has gotten a lot of calls about..." or "What would you do if one parent said...

   ...'I don't love my baby.'
   ...'My husband thinks I hold the baby too much. Should I let it cry more?'
   ...'Is it okay to give supplemental bottles when you are nursing?'"

7. Observe the openness and ease with which the applicant responds. Consider how comfortable she/he is with her/his own feelings and attitudes.

8. Ask the applicant if she/he has any questions.

9. Thank the applicant and ask her/him to be seated outside or indicate that she/he will be notified of the results within a week.

   Because a Volunteer's Reference Guide is expensive to mail and difficult to deliver personally, it is most desirable to make an immediate decision regarding the acceptability of the applicant if possible. If in doubt, DO NOT accept the applicant. Have confidence in your doubts. Experience has shown that accepting questionable applicants may cause problems later. Telling a person "no, thank you," may be difficult, but delaying the decision only makes it more difficult.

10. Telling a person "no" is best done as honestly as possible. You may have more applicants than can be scheduled for training. Tell the applicant this, then say, "We were concerned about your application because..." Explain your reservations gently, but firmly.

    Another option is to state your reservations, but to offer to train and make a final decision about acceptance after training. If you have some reservations, but they are not strong, or if you can't seem to pinpoint them, you may choose this option, and tell the applicant that the screening process continues on through training, and that you will talk with the applicant as training progresses.

    If the interviewer is uncertain whether or not to accept an applicant, tell the applicant this and discuss the concern.

11. If the applicant is accepted, give her/him a Volunteer's Reference Guide and information about the training session.

There have been incidences in Santa Barbara when applicants have been unable to come to the screening interview at the appointed time. When this has happened, it seemed more convenient to set up a less desirable substitute interview, or to waive it entirely. At these substitute meetings, it has been difficult to form an accurate impression of what kind of volunteer the applicant would make. Experience has shown that when there has been a problem with a volunteer, i.e., a volunteer not fulfilling her/his responsibilities or providing services in an unsatisfactory manner, it has occurred when the volunteer had not been properly screened and/or had been accepted even though the screeners had some reservations about the applicant's attitude or commitment.

APPENDIX D

PEP TELEPHONE VOLUNTEER'S WORKSHOP

Reading Unit

Beginning with each volunteer's first contact with PEP we hope to encourage you to reflect upon your attitudes about your own parenting experiences and your ideas about helping other parents. In order to be in a helping position to another parent, it is important to understand your own needs and values and how they influence your response to others.

In our workshops, we will be discussing the role of the volunteer and teaching skills which will enable you to carry out the responsibilities on the telephone. Because of the extensive nature of the material to be covered and the limited time in which to do it, we are providing some of the specific details in the form of a reading unit. This will enable us to devote as much time as possible to discussion and practice of these principles.

This material is not new to you. You have been selected as a volunteer because of the skills you already possess. In order to be an effective helper and listener, it is valuable to examine the effect your communication patterns has on others. This information is intended to make you aware of your existing patterns so that you can enhance their positive aspects. Please read this unit prior to the first workshop.

TRUST

PEP provides the opportunity for open and honest discussion of feelings between parents and volunteers. The establishment of an atmosphere of trust is essential to such a discussion. It is difficult to make oneself vulnerable by expressing feelings, whether to a stranger or to a friend. How, then, do we go about encouraging parents to talk to us?

In most cases parents will be calling us. They will want to talk to us--but they may feel uncomfortable about jumping into a conversation about their personal problems with a stranger on the telephone, or they may not know how to start such a conversation. A sensitive volunteer can recognize the parent's reluctance and convey an honest interest and concern. The volunteer can provide an accepting (nonjudgemental) and relaxed atmosphere in which she/he demonstrates that she/he is there to listen and understand whatever the caller wants to talk about. It is this honest caring atmosphere that provides the seeds of trust and thus makes it easier for the caller to bring out the deeper more worrisome concerns which might have prompted the call.

We may have to help callers further, perhaps by risking or exposing ourselves in order to draw them out. This does not necessarily mean telling about a personal parenthood experience, although it could. It does mean permitting the parent to see the real you. Establishing this atmosphere of trust is vital to the success or failure of the exchange between volunteer and parent.

COMMUNICATION

Another word for this exchange between volunteer and parent is communication. Communication occurs when one desires to express an experience or convey a message. Communication consists of a verbal component (the spoken word) and a non-verbal dimension (cues associated with the spoken word). Non-verbal elements include tone of voice, facial expression, gestures, body posture, the flow of words, etc.

As PEP volunteers, a lot of our communication occurs on the telephones. Because we miss some of these non-verbal cues over the telephone by not being able to see them, it is important that we maintain our sensitivity to those that we can hear: the speed with which the parent speaks, the tone, the inflection. It is common for people to convey important additional information about their feelings and/or conflict with their non-verbal cues. Because parents sometimes need to talk about things that they have difficulty expressing, these cues may be their way at hinting they need help. Sometimes they don't know what their problem is and other times, although they know the problem, they are not able to describe what it is. (They may not be able to clearly express what they are thinking.) The cues they give will either support the message being expressed, modify it, or hint that there may be something more to talk about. We miss important information if we miss these cues.

Example 1 "The baby's father is so much help."
Expression: Warm, relaxed, smile, soft voice.
Meaning: He helps me a lot.

Example 2 "The baby's father is so much help."
Expression: Sarcastic, wry smirk, harsh voice.
Meaning: He doesn't help me nearly enough.

Example 3 "The baby's father is so much help."
Expression: Shaky voice, hesitation, sounds upset.
Meaning: I am so scared; I really need more help.

The above examples demonstrate that the same words can have entirely different meanings depending upon the way in which the words are uttered and that, as volunteers, we must be skillful both in listening to what the parent is saying and in picking up any non-verbal cues the parent may be sending. This is called Active Listening.

The average speaker talks at the rate of 125 words per minute. Since the listener is capable of hearing four times faster than this amount (400-500 wpm), a time gap develops for the listener. The way the listener uses this gap will determine how much is actually heard and understood. The listener may think about lunch or tomorrow's schedule: his mind wanders. Or, the listener may actually make an effort to think about what the speaker is saying as the words are being spoken. The time gap can be used best be examining the tone, speed, gestures, phrasing and pauses to consider "what is the parent trying to say?" Obviously, this requires effort on the part of the listener as well as a desire to be supportive, a genuine concern for the speaker and in what he is saying.

A. ACTIVE LISTENING

Active listening is a term common in discussion of communication skills. For our purposes, we will define it as a sincere effort on the part of the listener to hear everything the speaker is saying and understand it so that she/he may offer the support the parent is seeking. Often the listening itself is the support the parent needs. Not all callers will offer the non-verbal cues discussed above which indicate they are having difficulty discussing their problems. Sometimes the parent is able to state precisely what she/he needs and the communication is not modified by any such cues. This situation requires little training time because as parents and volunteers you will then be able to respond in a supporting manner for the parent. Responding skills will be discussed later in this unit.

In training we will emphasize active listening and detecting non-verbal cues because in order for volunteers to effectively offer support to the troubled parent, knowledge of these skills is important. Indeed, volunteers must be active listeners in order to even decide whether parents are having difficulty in describing the help they need.

1. Discrimination

In situations where there are indications that the parent may want to talk about troubling concerns, the volunteer will need to know how to discriminate. Discrimination is deciding which is the more important and/or troubling issue for that parent or if there is anything important that is being left out. It is defining the real (major) problem. Experience on the telephone has shown this to be an important skill. A mother called about a nursing problem and, when this was satisfactorily discussed, she was gently encouraged with the comment, "Is there anything else you'd like to talk about?" She then blurted out, "What do you do about a non-participating father?" and continued to air her feelings about this issue.

2. Focusing

Discrimination is closely related to focusing: Once one has discriminated and defined the problem, focusing is drawing attention to it.

Example: "The baby cried all night."

Meaning:
1. I am really tired. This is a simple sharing statement.
2. What will I do? When will it end? This is an emotional cry of frustration, anxiety, and self-doubt.

In the example above, the parent's communication could have either of the two meanings depending upon the context in which the statement is made. The active listener will decide which message the parent is giving (discriminate) and draw attention and respond to that message (focus). In our PEP calls both kinds of statements are important. By sharing simple experiences, as in meaning number (1), parents grow in confidence and can seek out solutions to their own problems. By accepting the emotional statements (as in the second meaning), in a non-judgemental manner, the volunteer is responding positively to the parent's "feeler" or hint that she/he has feelings that she/he needs help in handling.

Since our society does not usually encourage such an open display of emotion (especially negative emotion) this is the area where the parent may really need the support of a sincere accepting phone volunteer. Just giving the parents an opportunity to recognize for themselves these emotions is an important first step. Discussion of them is important too. It can help to reduce the intensity of the feelings and, by sharing them, the parent may better be able to accept them as OK. Your discussion with the parent tells her/him you are attentive and feeling with her/him. This may enable the parent to really focus more accurately (perhaps for the first time) on what's bothering her/him. By doing this, the parent may then be able to consider alternatives which may lead to the solution of the problem. It is the focusing on the emotional reaction to an event, more than the event itself which dictates the response. Once the parent has better understanding of feelings, she/he may better manage her/his concerns.

At times it may be difficult to discriminate and focus. Often a person jumbles many things together in close proximity: "I don't know whether to quit my job and stay home with the baby; but, if I do, I might be able to make my own baby clothes." In this case, the most important thought is at the beginning of the sentence rather than the last one expressed, and the issue of work is the one to which the volunteer should respond.

In determining which is the most significant topic or feeling to pursue, it is very important to remember that you should get as much information about the problem as possible. If you make up your mind too early about what is important, it is all too easy to have a wrong impression about what is happening; it is easy to be sidetracked into focusing upon a troublesome, but relatively minor aspect of the parent's situation, while leaving the most important one untouched.

B. RESPONDING

Getting enough information to be able to discriminate and focus as described above requires that the listener possess certain responding skills. Even while responding, the volunteer is perpetuating the active listening process in that the volunteer's effort in responding is directed toward the goal of understanding what the parent is saying and encouraging the parent to continue speaking. In doing this, the volunteer uses the following skills:

1. Silence

In order to be an effective listener clearly one must remain silent a good part of the time. If the parent is talking it is not always necessary for the volunteer to say anything. Although this may be awkward for the volunteer at times, silence can convey the non-verbal message that, "I want to hear you," "I accept your feelings," "I trust you to decide what you want to share with me," and "You're in charge, it's your problem." Silence gives the parent the opportunity to continue speaking. Pure silence, however, is not enough.

2. Minimum Verbal Responses (Acknowledgement Responses)

Comments such as "uh huh," "oh," "mmm," and "I see," indicate that the listener is attentive, interested, and following along. They encourage the speaker to continue.

3. Encouraging Comments (Door-Openers)

Comments like "Would you like to talk about it?" or "It sounds like you have some feelings about that," are invitations that leave the speaker free to discuss any aspect of concern.

4. Feedback Responses

The listener feeds back what she/he hears in her/his own words. In doing this, the volunteer demonstrates that she/he is trying to understand the speaker's concern and checks the accuracy of the information. In Example (2) on page D-3, an active listening response might be, "You don't sound like you believe he is so much help." A great deal is happening in this exchange: The volunteer listens to the parent, tries to read cues from the parent, accepts the feelings and tries to understand what the parent needs. The volunteer is also responding to the parent and encouraging the parent to continue talking.

Another possibility may be that the volunteer's information is not correct. The parent may be saying what the problem is but we are not hearing it. What we are hearing may be influenced by our bias, experiences, or a different understanding of the words used. Feedback responses allow the parent to clarify any misinterpretations we have and at the same time encourage the parent to continue talking.

Since an important component of active listening is understanding, the volunteer must have as much information as possible. The following discussion of different kinds of responses may help you in your goal of learning as much as possible about the parent's concern while encouraging the parent to continue talking. Some of the various active listening responses we can highlight are:

a. Restatement

This is the repetition by the volunteer of the main thought or feeling expressed in the communication, either by repeating or paraphrasing it. For example, a parent says, "My husband really wanted a boy." The volunteer could repeat it by saying, "Your husband really wanted a boy," or she/he could paraphrase it by saying, "He would have preferred a boy." This type of response is useful but it has two pitfalls. If it is used too much, it can be extremely annoying to the person hearing it. Also, some people automatically respond to the last thought or feeling expressed, rather than the most important one: In the example concerning work or home, on pages D-5/6, a volunteer might incorrectly focus upon the importance of making the baby's clothes, rather than the more salient concern of working.

b. Reflection

Reflection of feelings is a mirroring back to the parent of the feelings the volunteer thinks she/he has heard the parent express. For example, a parent may say, "That man never lifts a finger to help with the baby." The volunteer might respond, "You sound angry with your husband." This is the basic active listening response that shows how the volunteer is interpreting what has been said. It labels the feelings being expressed and gives the parent the opportunity to confirm the volunteer's impression or correct it if the volunteer is incorrect. Often, the parent may not really be aware himself what his feelings are at this point. It is also a cue for the parent to proceed further if she/he wishes.

c. Accent

Accent is a briefer form of volunteer response--picking up and emphasizing one key word from a communication. The key word can be a word expressing the main thought or the strong feeling voiced or implied. When accenting, the volunteer repeats the few most important words. For example, the parent might say, "I'm afraid that my baby is too small."

If the volunteer repeats the word "afraid" the parent is likely to be encouraged to go on to explain exactly what was meant by the use of the word in that communication.

d. Questions

Questions are helpful tools in learning more information; however, they can be overused. The volunteer must be careful not to use this type of response to the exclusion of others. This would give the exchange between parent and volunteer the feeling of an interrogation. Further, there are some ways of phrasing questions that insure a better chance of putting the parent at ease and getting a more reliable response than others.

1. Asking questions is frequently used as a means of putting blame on the other person, of making them feel on the spot. Some people are very sensitive to this and are very likely to be threatened by questions. This is especially true of questions which begin with the word "why." They may put the parent on the defensive and force her/him to justify her/his feelings or behavior.

2. On the other hand, open-ended questions, questions preceded by what, where, when, who, how, have a better chance of getting an in-depth response.

3. Many questions are phrased so that they are impossible to answer or so that they limit the parent's response. If you ask, for example, "Does your baby drink from a cup or eat solids?" when the mother is still breastfeeding, the mother may feel awkward. It is better to ask an open-ended question, "How do you feed your baby?"

4. Yes-no questions and leading questions do not aid the volunteer in learning much information about the parent and probably will not be used.

All of these responses are part of the Active Listening Process. The capacity to really listen and respond to someone is basically not a matter of technique (although practice can refine these skills and can improve our ability to communicate the desire to listen); it primarily comes from being able to focus one's attention upon someone else from an attitude of genuineness, caring, and acceptance. Listening stems from being present at that moment to hear and understand. When you cannot maintain that attitude of wanting to hear what the other is saying (for whatever reason, e.g., lack of time, preoccupation with your own problems, anger or resentment), it is better not to try active listening. The person talking to you will sense your lack of true listening and will be deterred from sharing her/his deeper feelings or will feel badly because she/he is boring or imposing upon you. At such a time, it is better--and shows more caring both for the other person and for yourself--to explain that right now you cannot listen as well as you would like and ask if you can phone the parent back shortly (in 15 minutes or an hour). If that is not soon enough, it is a good idea to get another volunteer to phone the parent back right away. If you say you will return a call in 15 minutes, be sure to do it. If you keep on running into this problem, it might be a good idea to reassess whether that time slot is a good one for you to have phone duty.

This discussion is not meant to suggest you change your behaviors or use "techniques" unnatural to you. Active listening and responding does not need to sound strange or contrived. When such a complaint is made, it is usually because the person doing active listening has fallen into the habit of using only one type of response or of prefacing all responses with the same phrases, such as "it sounds like...," "you feel...," "you're saying to me...," or "it seems that..." Short direct statements like "You're afraid that...," "You're angry at...," or "You'd rather that...," begin with the feelings that have been heard and are far less likely to cause resistance. They will also feel more natural to you.

GIVING ADVICE

Because parents are calling us with problems and concerns about which they are insecure, it would be very easy to set ourselves up as "authorities." Although we are often asked for advice and probably just about as often are eager to give it, we should keep in mind some of the problems and pitfalls associated with giving advice.

1. A person is usually unready to assimilate information or advice if they are in an emotional state and need to get their feelings out first.
2. They often know what they are being advised to do but resist being told what they already know.
3. A volunteer may be offering information or advice before she/he knows the real problem.
4. Receiving the advice may result in the parent's feeling patronized.
5. Giving advice can draw the volunteer into the problem-solving format; the volunteer then begins to assume more responsibility for solving the problem than the parent does.

Through experience, PEP has found that, when the volunteer is tempted to give advice, it is wise to keep these considerations in mind:

1. Investigate: "I realize that you are terribly upset about this, but perhaps you can tell me about the alternatives you have considered and how you feel about them."
2. Consider whether you know enough about the facts and feelings involved. Ask yourself if the advice will help or hinder the parent where she/he is at the time.
3. If you must use yourself as an example and give advice, then qualify it, "This worked for me, but I can't say if it will work for you. I just want to share it with you, because it might be an option you had not yet thought of."

4. If you do give advice, you should follow up on it, if appropriate. For example, if you have suggested that a new mother get in touch with La Leche League for helpful hints about breastfeeding, be sure to call a day or two later to see if La Leche was helpful to her.

OBSTACLES TO COMMUNICATION

As we become more sensitive to what happens in communication, it is important to focus not only upon the ways that communication is facilitated but also to consider the ways in which it is disrupted. PEP has found some pitfalls that we, as volunteers, need to be wary about.

1. Using ourself as an example--this frequently turns the focus from the parent to the volunteer.

2. Empathizing--"I know just how you feel." How can a parent continue to explain how she/he feels if you already know? No one really knows how another person feels.

3. Acting like an authority and giving advice is dangerous (as discussed). Help the parent explore alternatives:

   Say: "What do you think?"
   "What have you tried so far?" (or considered or done)

   Avoid: "Everyone has to experience this sooner or later."
   "If I were you, I would..." "do this" or "try that."

4. Promising solutions--"Every cloud has a silver lining." "By tomorrow you'll feel much better." "It's only a phase." A person experiencing a problem is seldom comforted by such baseless promises, however well-intended.

5. A volunteer whose actions say, "You may not say this," or "I can't listen to that," sets up an obstacle to communicating. For example, although a volunteer may be personally opposed to spanking, she/he must not convey that bias. Every parent has a right to their own values, even if they are different from yours.

6. Denying feelings--for example, a parent says, "I hate my baby." It is better to say, "What makes you say that?" and avoid saying, "You don't really mean that--no one hates a baby." Be careful not to make the parent justify their feelings by asking them "Why do you feel that?"

7. A volunteer who talks too much discourages parent discussion.

8. A volunteer who interrupts too much may discourage continued discussion.

9. A volunteer who asks too many or inappropriate questions may make the parent feel "cross-examined" and/or on the defensive.

In general, if you seem to be placing yourself in a topdog position by appearing to be the one who is the expert, the competent one, or the one in control, you are necessarily placing the other person in an underdog position (stupid, incompetent, or out of control). This is often very subtle and difficult to detect; a "counselor" can fall into this trap without intending it to happen, especially if the talker comes on strongly in a helpless, worried underdog manner. In such circumstances, it is often effective to be an especially careful listener: to indicate that the other person knows more about their situation than you do, that you're not sure what should be done, but you are sure that the other person can figure out (and do) what needs to be done. A most frustrating position to be in is that of the "expert" who offers one solution after another, only to have each one met by a "yes, but..." response. If you do not assume the expert role, more often than not, you will find that the parent can come up with her/his own solution. This solution will probably be at least as good as the one you would have offered and it is more likely to be carried out.

There is another subtle trap into which the listener can fall without intending for it to happen. The extreme case occurs when the listener becomes so caught up in solving or worrying about the parent's problem that the parent can sit back, relatively unconcerned, and wait for the problem to be taken care of. Or, the parent may feel that she/he has become irrelevant and unimportant--her/his opinion is discounted.

These last two pitfalls (topdog and assuming responsibility) can be corrosive to a helping relationship; however, they probably happen to all of us to a greater or lesser extent. Our responsibility is to become sensitive to the effects of our communication and learn ways to deal with ourselves. We can then direct the conversation back to one in which we are listening, not taking over. We can begin again to focus on the other person. We all have our own ways of re-channeling a conversation that is not going as we wish it to go. You can do this in a way that is comfortable for you.

Putting it altogether, the active listening process is hearing what the speaker is saying, trying to read cues from the parent, collecting as much information as possible, testing the accuracy of this information and responding in a way that reinforces the parent and encourages her/him to continue talking. While doing all this, the volunteer is also sending back her/his own non-verbal cues. Therefore, it is important to know how your communication patterns affect others and how your attitude affects your communication patterns. It is important that your cues should be saying to the parent, "I care," and "I am trying to understand." You facilitate the exchange if your attitude conveys this message and hinder it if you intimate that you are diagnosing the problem or if you feel, in any way, above the parent, and/or if you are "techniquing" the situation and/or the parent.

ROLE OF THE VOLUNTEER

All of the skills that we have described are designed to help you draw parents out, to encourage them to discuss their problems. Let us now review the options that you have as a PEP volunteer. First, being an effective listener so that the parent can express their feelings may be all that the parent needs of you. Having someone really listen can make a parent feel accepted as a person and can dissipate fears that she/he must be crazy or abnormal. As volunteers, you may become upset at times by the anger or despair of some parent; remember, often the parent's feelings have been lessened as a result of the conversation with you. Good listening can help the speaker accept reality and the limits of the situation. An important benefit of good listening is that it can help the person get to the heart of the problem, instead of focusing on a part of it. Finally, by actually voicing the concern, the parent may find herself in a better position to solve her/his own problem. For all these reasons, "just" listening can be the most valuable service you can perform for many who call PEP.

It is the philosophy of PEP that there is no one right way to parent and that we are there to help parents find the most comfortable way for them. As volunteers, we maintain a low profile and do not intrude our own values upon others. As listeners, we encourage parents to explore the alternatives available to them. As part of this examination, the volunteer may include some ideas of her/his own: however, always careful to qualify them by saying, "This worked for me, I don't know if it will work for you." The exploration of ideas is not the same as giving advice; in the exploration of ideas, you are on equal footing with the parent. The parent suggests some options and you suggest some. You are neither assuming responsibility for the problems nor are you the one who receives credit when the solution is found. The key is that, once available options are explored, the parent makes the final decision. We listen, we encourage, but we rarely give advice. This does not mean that we do not ever give advice when it seems appropriate, but we are careful to consider whether it is necessary, to be sure that we have the necessary information, and to give it in a personal non-authoritative way.

Another aspect of our role is to refer parents to community resources when this is appropriate. We maintain our familiarity with community resources and can suggest where the parent might find help if she/he has a special problem which is beyond our capability to handle. As part of this community referral service, we acquaint parents with PEP discussion groups. Because parents can benefit from the opportunity to share their experiences with other parents, warm line volunteers and postpartum callers should encourage parents to join a group if they are interested in doing so.

Finally, part of your role as a PEP volunteer is to take care of your own needs, too. You will not always know what to do or say to a parent. Staying in the position of a listener helps you, as well as the parent, because you may be able to lessen the burdens of anxiety and responsibility which may occasionally result from being a listener. Your role is to listen and understand, not to assume responsibility for taking care of the problem. Remember also that PEP's Board of Directors and Advisory Board are there to deal with a particular problem if you do not know what kind of referral to make, or if you feel anxious as a result of a warm line call.

Remember, above all else, that techniques are not what is important. Parents want to talk to another understanding parent, not a superbly executed technique. As long as you are helping the parent talk, as long as you are facilitating the conversation so that the parent feels that here is a place where she/he can be heard, then you are doing a good job as a PEP volunteer.

APPENDIX E

PEP TELEPHONE TECHNIQUE

THE PROBLEM CALL

Always be sensitive, sympathetic, accepting, and non-judgemental. Respect the parent's values, even if they don't agree with yours.

1. The caller may be upset. Try to put her/him at ease and make her/him relax. You can do this best by showing genuine concern, by being calm, not coming on too strong, and not rushing the parent. Use active listening techniques.

2. Recognize the parent's concern. Feed back to her/him what she/he is telling you. "I can understand that this must be upsetting you..."

3. Let the parent know that the problem is not unique. There is nothing wrong because she/he feels frantic, helpless, resentful, etc., and that many new parents have the same feelings and experiences. Let her/him know that she/he is okay. At the same time, be careful not to minimize the problem by saying, "Oh, everybody goes through that!" Be sure you let her/him know that you understand how she/he feels, that parent and baby are unique even though the problem is not.

4. There are three general steps to follow in helping a parent find solutions to a problem:

    a. Encourage the parent to express feelings and define the problem (active listening, feedback techniques).

    b. Encourage her/him to come up with her/his own solutions, i.e., what has been tried so far, what were the results, what are some other alternatives?

    c. Carefully suggest solutions yourself. Always try to give several alternatives and let the parents decide what is best. (Never tell a parent what to do, only suggest what the parent might like to try and do this carefully.)

5. A parent may find a problem hard to discuss. You may receive a call about the baby, but the problem may actually be something else, i.e., the mother's relationship with her husband. Be sure to listen for any clues and give feedback to encourage further discussion. ("Oh, your husband doesn't get home until 7:30.")

6. In a telephone situation you must rely solely on your listening ability to discover what is bothering a parent. You do not have the added body and facial messages to help you. Be especially aware of voice, tone, inflection, and speed of talking.

7. Be sure to call a parent back in a few days to make sure the problem is clearing up. The parent may be embarrassed to call you again.

8. It is OK to say, "I don't know." You should never hesitate to research a problem (use volunteer guide or other material), to refer the problem, or to call someone else for additional consultation.

9. When dealing with a parent, be sure to pay attention to your own feelings and common sense. You can share your own problems and experiences. Be sure to send the message that "I'm just a parent too," and, "I'm human and you're human."

THE INFORMATION CALL

1. If a parent is asking for information about PEP services or other information, answer as best you can, or refer her/him to someone else. If there is a Special Circumstance, tell the parent that you will have the PEP volunteer call her/him, rather than leaving it up to the parent to make the second call.

2. A parent may ask for information only, but actually have a problem she/he is reluctant to express or too embarassed to mention. Be sure to listen for clues and give feedback to encourage discussion.

NOTE: Be sure to keep a record of all calls made or received by filling out the PEP Call Sheets.

APPENDIX F

PEP POSTPARTUM CHECK PHONE CALLS

To date, experience has indicated that the most effective method of connecting with new parents is to visit childbirth classes, collect expectant parents' names and phone numbers and call them after their baby is born. Calling new parents after birth is very much like talking to them on a warm-line call. Therefore, no further formal training is necessary. However, you may find the following information helpful.

OBJECTIVES

1. To enable PEP to establish a more personal contact with the parent.
2. To follow-up the Childbirth Class visitation by showing we are genuinely interested in the new parents' welfare.
3. To offer the opportunity for new parents to discuss their childbirth and new-parent experiences and to ask questions without having to make that first call to the "warm-line" themselves.
4. To offer support to new parents.
5. To invite new parents to join PEP discussion groups and to give current information about groups that are open or beginning soon.

WHEN TO CALL

1. Watch newspaper for birth announcements and record information in the appropriate places on the Postpartum Call Sheet.
2. PEP suggests making postpartum calls between 5 and 10 days after delivery. Calling at five days may allow you to offer immediate support for such concerns as breastfeeding or such problems as re-hospitilization and jaundice. However, by 10 days, new parents are generally left alone with their new baby and begin the realization of total dependency and constant demand.
3. If at all possible, postpartum calls should be made before the baby is two weeks old.
4. When making calls, always consider whether the time might be a convenient one for the new parent. Late morning or early afternoon have been found to be successful times to call.

Late afternoon and evening should be avoided. If you must make evening calls, be sure they are early in the evening.

5. Make your calls when you are relaxed and free from outside interruptions. Don't make calls if you are rushed or having a bad day. You are calling to give the parents support and let them know of our genuine concern. Do Not go into your own problems.

6. If a parent on your list is two weeks overdue, you may have missed the birth announcement. You can check this by calling the childbirth teacher or the parents themselves.

INITIATING THE CALL

1. Introduce yourself and indicate that you are a PEP volunteer. Ask if they recall the volunteer who visited their childbirth class. Be sure to use the parent's first name.

2. Say that you saw the birth announcement in the paper and offer your congratulations!

3. Parents will most likely be grateful that you called. Remember, you are calling them because they signed a sheet at their childbirth classes asking you to call them.

EFFECTIVE QUESTIONS

1. Your objective is to get the parent talking about herself/himself and their baby and experiences so that you can offer support. Some parents will be quite open and verbal and carry the conversation themselves. Others will respond only when they sense your genuine concern and understanding of what they are experiencing. Effective questioning is critical!

2. Show interest in the parent right away by asking, "How are you? How are you feeling? How are you getting along?"

3. Gather information: "Is this your first baby? What's the baby's name?"

4. Questions you may ask to stimulate conversation:

About the parent: "Are you managing to get enough rest?"
"Do you have someone to help you?"
"How was your labor and delivery?"
"Are you breastfeeding or bottle feeding?"
"How is your husband doing? Is he able to help?"
"Have you experienced any depression?"

About the baby: "How is the baby eating, sleeping?"
"Does the baby have any fussy periods?"

*Always remember to be aware of the feelings being expressed by the parent as you are problem-solving. Handle these discussions as you would a problem call.

5. Any questions or concerns will usually come up during the course of the conversation, but as the call is ending you might want to ask, "Do you have any other questions or concerns we haven't talked about?"

INVITATION TO JOIN PEP GROUP

1. As the conversation draws to a close, extend to the parent an invitation to join a parent discussion group.

2. Be sure you have up-to-date information on which groups are open and what groups will be forming in the near future.

3. You may want to talk about the purpose of our groups, who comes to them, and what kinds of things we talk about.

4. Many new parents are feeling too overwhelmed at two weeks postpartum to consider coming to a group. Be sure to ask if they would prefer being notified about groups in a few weeks when they are feeling more rested and organized.

5. Some parents will have their own support system, such as friends or family in the area and may not need or be interested in PEP groups.

ENDING THE CONVERSATION

1. Calls may vary in length from a few minutes to an hour. When you feel the parent is through talking or needs to attend to something else, then terminate the call.

2. Remind them about the warm-line and be sure they have the number. If you wish, you may give a parent your own number if you feel this would make the invitation to call more personal or if you feel they might be reluctant to call the warm line. Do not give your own number unless you wish to do so.

NON-RESPONDING PARENT

1. You may call a parent who is shy or reluctant to talk, who will usually give only "yes" or "no" answers to your questions. These parents may be the ones who need our support the most. Don't give up too easily.

2. Many new parents are doing well with their new baby and adjusting well to their new role and will not need your support. If you feel this is the case, do not push yourself or PEP.

3. You may talk with a parent who is not interested or resents your intrusion. In that case, say "Remember that PEP is always available. Have a good day. Good-bye." Do not be defensive or rude. We want to keep the door open.

FOLLOW-UP CALLS

1. Many postpartum check calls become similar to problem calls. Often you may find a parent to have a definite problem or concern that remains unsolved during your conversation. In this case, you can show your genuine concern by calling back to see if the problem has been taken care of or if you can offer further support.

2. If, during a call, you feel that the new parent would benefit by a home visit from you, please feel free to do so. This decision is a personal one.

3. If you feel that a parent needs additional help, discuss the problem with a PEP coordinator or advisor and make the appropriate referral.

APPENDIX G

CHILDBIRTH EDUCATION CLASS INFORMATION AND POSTPARTUM CHECK SHEET

CHILDBIRTH EDUCATION CLASS INFORMATION AND POSTPARTUM CHECK SHEET

SPEAKER ____________________ FOLLOW UP BY ____________________

DATE/TIME ____________________ PLACE ____________________ TEACHER ____________________

____

DUE DATE	NAME OF PARENTS	ADDRESS	PHONE NUMBER	DATE DELIVERED	BABY'S NAME
1.					
2.					
3.					
4.					
5.					

APPENDIX H

CLASS TIME EXAMPLES
(FOR USE IN DISCUSSION OF COMMUNICATION SKILLS)

1. "My mom was really happy about the baby."

   Messages:

   1. Mom was happy (sharing statement).
   2. Mom was happy (someone else was not).
   3. Mom was happy! (What a surprise).
   4. Sarcastically--mom really didn't want another baby.

   Focus #2:

   Responses:

   1. Your mom was happy about the baby.
   2. Mom?
   *3. You feel that someone else was not as happy about the baby as your mom?
   4. Who was not happy?

2. "My husband really wanted a boy."

   Messages:

   1. Simple sharing.
   2. My husband wanted a boy (I didn't).
   3. He wanted a boy but we had a girl (worried).
   4. I didn't want a boy either (hiding guilt, projecting feelings on husband).

   Focus #3

   Responses:

   1. Your husband wanted a boy.
   2. A boy?
   *3. You are worried because your husband really wants a boy instead of a girl?
   4. Is your husband enjoying his daughter now that she is home? Have you and your husband talked about your disappointment?

3. "That kid sure keeps her busy."

Messages:

1. Simple sharing.
2. She is so busy she doesn't have time for me. (I'm jealous.)
3. She sure is busy (surprise).

Focus #2:

Responses:

1. Your child keeps your wife pretty busy.
2. Busy?
3. You are surprised that your baby takes so much of your wife's time.
4. Does you wife manage to save a little time for herself and for you?

APPENDIX I-1

ROLES FOR SESSION I ROLE-PLAYING

1. "My wife is always so tired. I am beginning to worry about our relationship. Will we ever be close again?"

2. "My wife wants to leave me alone with the baby while she goes to a movie. How can I make her understand I don't know what to do with this baby by myself?"

3. "My baby wants to be held all the time. Is it OK to hold it so much? Will I spoil it?"

4. "My other child wants to pick up the baby to play with her. I'm afraid she will hurt the baby."

5. "Our first night home we realized that we were going to be 24-hour parents with no vacations. It got worse after that. They sure take a lot of time."

6. "I guess I am feeling pressed about just what a good mother/father should do."

7. "I don't have any family close by and none of our friends have children. Is it OK for a baby to have a pacifier?"

8. I walked in from work and my wife was just sitting there crying and she says it is because she is a lousy mother and her house is dirty and she is afraid to bathe the baby." (If asked, the baby is 4 days old.)

9. "My mother-in-law is staying with us and she has so much advice. She says to let the baby cry. Is it OK?"

10. "How do you play with a baby?"

11. "Every time I read a book, it has different advice than the last one."

12. "It's hard to find time alone."

13. "Mom says the baby is too small for the crib, but we couldn't afford a cradle. She does look very small..."

14. "I know he is just a baby; he's so helpless and little. I shouldn't get angry at him."

15. "I guess they (Experts) know more about babies than I do."

APPENDIX I-2

ROLE-PLAYING RATING SHEET

1. Discriminate (write problem)

2. Focus (does this match #1?)

3. Responding (show examples of responses used by Vol.)

    Silence

    Verbal

        Feedback Responses

        Questions

4. Referral (if applicable)

5. Comfort--relaxed--tone

APPENDIX J-1

EXTRA PRACTICE EXERCISES
(OPTIONAL HOMEWORK FOR VOLUNTEERS AFTER SESSION I)

For the following sentences consider (1) What could be some possible messages, (2) Which of these messages you would focus upon, and (3) How would you then respond.

1. "It is hard to find time alone."

2. "I don't feel like me anymore. It's like I'm another person, this mother perons...Who is she?"

3. "At last I had a day that was actually enjoyable."

4. "Mom says the baby is too small for the crib, but we just couldn't afford a bassinet...she does look small."

5. "Guess I'm feeling a little pressured about what a good father would be."

6. "The way she and her mother monopolize the baby, I feel more like a neighbor than a father."

7. "I don't think the baby likes me."

APPENDIX J-2

QUESTIONS AND EXERCISES
(LEADER'S COPY OF HOMEWORK)

1. "It is hard to find time alone."

Messages:

1. It is hard to find time alone. (I feel trapped.)
2. It is hard to find time alone. (I am overwhelmed.)
3. It is hard to find time alone... (But I do it, I am determined.)

Focus #2: I feel trapped (or others with reason)

Responses:

1. You find it hard to find time alone. (restatement)
2. Alone? or Hard? (accent)
3. You feel frustrated because you are not able to get away by yourself more often. (reflection)

**4. What do you do to find time alone? (question) How often are you able to get away by yourself?

2. "I don't feel like me anymore. It's like I'm another person, this mother person...Who is she?"

Messages:

1. I've become a different person since I've become a mother. (I'm surprised at my abilities! or I don't like my new life.)
2. There are lots of new things related to motherhood. (I am overwhelmed.)
3. I don't get to do a lot of the things I used to do. (I feel frustrated.)

Focus #3:

Responses:

1. Your motherhood has made you feel like a new person.
2. Another person?
3. You feel restricted now that you are a mother.

**4. What is different about this "mother person" that you think you've become.

3. "At last I had a day that was actually enjoyable."

Messages:

1. At last I had a good day. (It's been a long time.)
2. I had a good day. (I didn't think it was possible.)

Focus #1: An accumulation of bad days is a common and difficult experience for parents.

Responses:

1. You finally had a good day.
2. Enjoyable?
3. You feel tired after struggling through bad days with your baby.

**4. How long has it been since you have had a good day?

4. "Mom says the baby is too small for the crib, but we just couldn't afford a bassinet...she does look small."

Messages:

1. Baby is in a crib rather than in a bassinet. (simple statement)
2. We can't afford a bassinet. (feel sad)
3. Mom is interfering.
4. I am worried that she may be right. Is the baby too small for a crib?
5. She is too small. (I feel guilty)

Focus #4, 5: Insure parent.

Responses:

1. You'd prefer to have a bassinet but you decided that your budget could only handle a crib.
2. You are worried that your baby is too small for a crib right now.
3. Small.
4. What makes you think the baby is to small for a crib?

5. "Guess I'm feeling a little pressured about what a good father would be."

Messages:

1. I want to be a good father. (loving)
2. I don't know what a good father should do. (insecure)
3. I feel pressured. (anxious)

Focus #2:

Responses:

1. You are feeling pressured about being a good father.

**2. Pressured?

3. You feel anxious about what you need to do to be a good father.

**4. What do you think a good father does? What is making you feel pressured? (Caution: Asking "why" could put the parent in a position of having to justify his feelings.)

6. "The way she and her mother monopolize the baby, I feel more like a neighbor than a father."

Messages:

1. I think mother and grandmother monopolize the baby. (angry, resentful)

2. I feel excluded from by baby. (sad)

3. I feel neglected myself.

Focus #2: Fathers often do feel excluded for multiple reasons.

Responses:

1. You think your wife and mother monopolize the baby and leave you out.

2. Monopolize?

**3. You feel excluded from a relationship with your baby.

4. What makes you think you are not involved in the relationship, too? What makes you feel more like a neighbor?

7. "I don't think the baby likes me."

Messages:

1. I don't know what to do with babies. (uncomfortable)

2. This is a substitute for "I don't like the baby." (hiding guilt or anger)

3. I feel abused. The baby keeps me awake or spits up on me.

Focus:

Responses:

1. You don't think the baby likes you.
2. Likes you?
3. You feel uncomfortable with the baby.
4. What makes you think the baby does not like you?

APPENDIX K-1

PEP TELEPHONE SCHEDULE

PEP TELEPHONE SCHEDULE

1. 8:00 a.m. - 2:00 p.m.
2. 2:00 p.m. - 8:00 p.m.
3. 8:00 p.m. - 8:00 a.m.

PEP Telephone Number: 964-2009

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1.
						2.
						3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.

APPENDIX K-2

PEP CALL SUMMARY SHEET

PEP CALL SUMMARY SHEET

VOLUNTEER'S NAME ____________________

DATE/TIME	PARENT'S NAME/BABY'S NAME AND AGE	REASONS FOR CALL	INFORMATION/SUGGESTIONS GIVEN
PHONE NUMBER			
FOLLOW UP			

APPENDIX L

TRAINING PROGRAM EVALUATION
(SESSION I)

I would like to make training as informative and convenient as possible. It would be very helpful if you would take time to express your concerns and make suggestions for improved training.

1. In general, would you say this training session was: (check one)

____ Excellent
____ Good
____ Average
____ Poor
____ Bad

2. Which segments were most helpful? Why?

3. Which segments were least helpful? Do you have any suggestions for improving them?

4. Was the reading unit helpful? If you feel it could have been improved, please explain.

5. Other comments:

APPENDIX M-1

SAMPLE LETTER TO OBSTETRICIAN ABOUT MEDICAL PANEL

Dear Dr. ________:

I am happy to hear that you are able to help us with our PEP training class. I understand that you already know about PEP but need a little more information about our training sessions.

We feel that the success of our program depends upon supportive and well-trained volunteers. We now have 23 parent volunteers and will be training 12 more on Saturdays, March 11 and March 18. Our training program consists of a lot of discussion about our feelings about parenthood, our reasons for participating in the program, and communication skills. We also do a lot of role-playing of practice telephone calls.

On March 18, from 9:00 a.m. to approximately 11:30 a.m., we invite a panel of professionals to discuss parenting with our volunteers. An OB talks about the postpartum mother, a pediatrician talks about the infant, and a counselor talks about the importance of the expression of feelings as they influence the adjustments of the postpartum family. The purpose of this session is to acquaint our volunteers with the distinction between professional and non-professional help and to clearly define that PEP provides non-medical (non-professional) support.

More specifically, with the OB, the volunteers have been interested in the general postpartum health of the mother with signals of common problems that may require medical attention. Please include with this discussion the more common postpartum occurrences that are normal and pose no need for alarm.

The format is casual. You will have some time (usually about 15 minutes) to give a prepared statement but we encourage a general discussion both between the panel members themselves and between the panel and the volunteers. A common thread in all of the discussion is the idea of supporting the parent and "mothering the mother."

I have included for your information the reference guide that we give to our volunteers. It is by no means inclusive but it is meant to be a general information and resource guide. You may return it when you come on the 18th.

I hope this letter gives you a better idea of what we hope to achieve. If desired, I can provide more specific questions, although I like to leave you the freedom to include what you think is important. You may also wish to call either Dr. Reid or Dr. Steve Abbot to discuss what we have done in past sessions. Please feel free to call me if you have any further questions.

Thank you for your help.

Sincerely Yours,

Judy Mrstik
Co-Chair

APPENDIX M-2

SAMPLE LETTER TO COUNSELOR, PSYCHOLOGIST, PSYCHIATRIST ABOUT MEDICAL PANEL

Dear ________:

Enclosed please find a copy of a brochure telling about PEP. We give this brochure to prospective parents and it really tells very little about us.

PEP was established in July 1977 after two years of preparation. The purpose of our organization is to ease the adjustment of the developing family. We believe that parents can help other parents through what may be a difficult time in their lives. We do not believe that there is any one right way to parent; rather, we support the concept that if given the opportunity to express their frustrations and share their experiences, parents can relax and grow in confidence to pursue their own parenting practices.

As indicated in the brochure, we offer a 24 hour warm line and discussion groups. To date, we average about 25 calls per month and have 6 discussions groups with an average of 10 parents per group.

Obviously, the success of our program depends on supportive and well-trained volunteers. We now have 23 parent volunteers and will be training 12 more on Saturdays, March 11 and 18. Our training program consists of a lot of discussion about our feelings about parenthood, our reasons for participating in the program, and communication skills. We also do a lot of role-playing of practice telephone calls.

On March 18, from 9:00 a.m. to approximately 11:30 a.m., we invite a panel of professionals to discuss parenting with our volunteers. An OB talks about the postpartum mother, a pediatrician talks about the infant, and a counselor talks about the importance of the expression of feelings as they influence the adjustments of the postpartum family. The purpose of this session is to acquaint our volunteers with the distinction between professional and non-professional help and to clearly define that PEP provides non-medical (non-professional) support.

More specifically, you might discuss the clues our volunteers might look for in detecting problems in adjustment and either how we can best support the parent or refer the parent to a professional. What kinds of problems might be associated with this early adjustment stage of parenthood?

The format is casual. You will have some time (usually about 15 minutes or so) to give a prepared statement but we encourage a general discussion both between the panel members themselves and between the panel and the volunteers. A common threat in all of the discussion is the idea of supporting the parent or "mothering the mother."

I hope this gives you a better idea of what we hope to achieve. If desired, I can provide more specific questions, although, I like to leave you the freedom to include what you think is important. Please feel free to call me if you have any further questions. After hearing Ruth's warm recommendation, I would very much like to meet and work with you on this workshop.

Sincerely Yours,

Judy Mrstik
Co-Chair

APPENDIX N

ROLES FOR SESSION II ROLE-PLAYING

1. "I am so sad. Why can't I be happy? I expected to be so happy." (If asked, the baby's age is one week old.)

2. "My husband wants to resume sexual intercourse. When can we do that? Can I have another baby if we do? What do I do for birth control?"

3. "The doctor isn't in his office at this time of night and I just realized my baby is sneezing a lot. Does he have a cold? What do I do with a cold in an infant?" (If asked, baby's age is 3 weeks old.)

4. "We are so worried...The doctor says the baby has colic."

5. "Sometimes my baby just seems to shiver. I wonder if our home is too cool. Could something else be wrong?"

6. "My baby has diarrhea!" (If asked, you are breast feeding, the bm's are runny and yellowish and occur at the rate of 10 per day.)

7. "Childbirth class does not prepare parents for a special birth like a C-Section. I feel guilty. I didn't make it all the way."

8. "My baby wants to nurse every 1/2 hour. What do I do?"

9. "My baby is constipated."

10. "My baby spits up all the time. I've heard about projectile vomiting--should I be worried? Could he be allergic to something?"

11. When can I start giving my baby orange juice?" (If asked, no baby food has been introduced so far and baby is 8 weeks old.)

APPENDIX O

EXTRA ROLES

In case there are more than 11 volunteers being trained, or in case the volunteers need or wish to do extra practices, the following roles may be of help.

1. "My baby's stools are round and hard and she cries while moving them. What should I do?"
2. "What is jaundice? Is it dangerous?"
3. "Is it common for the navel to bleed when the cord falls off?"
4. "I'm still having stomach cramps and the baby is already born." (If asked, the baby is 4 days old.)
5. "My discharge was pink and now it is red again. Should I call the doctor?"
6. "My baby sure seems to have the hiccups a lot. Is something wrong?"
7. "I don't seem to love my baby. I don't feel anything. What is wrong with me?"
8. "I am so tired. I have no free time. My husband refuses to help at all--no diapers, no bottles, etc."
9. "My baby is 10 days old now and I want to know how long this bleeding lasts."
10. "The doctor says my baby has cradle cap. What do I do for that?"
11. "I can't get anything done! I am always having to hold, feed, and play with the baby and changing it too!"

APPENDIX P

TRAINING PROGRAM EVALUATION
(SESSION II)

1. Time and scheduling are two important aspects of training. Now that training is over, would you recommend that training be: (Check one)

    ______ 4 weekday (evening) sessions in the same week?
    ______ 4 weekday (evening) sessions over a number of weeks?
    ______ The way it is now on 2 consecutive Saturdays?
    ______ 4 half-day Saturday sessions?
    ______ Other (please explain)

2. Was the time alloted for training:

    ______ Too much
    ______ Too little
    ______ Okay

3. Are there areas that you feel should be expanded in training? If yes, what?

4. After completing training do you feel comfortable working on the warm line? (If no, please explain)

5. Are there areas you would like to see pursued in follow-up sessions?

6. Other comments?

APPENDIX Q

GUIDELINES FOR PEP CHILDBIRTH CLASS PRESENTATIONS

Visiting childbirth classes is an enjoyable, uncomplicated job and formal training is not necessary. To better help you feel comfortable with this job, you will be first given a chance to observe an experienced volunteer give such a presentation. Your second visit to a childbirth class will be your chance to give your own presentation. A volunteer will help you with developing it and will accompany you for this second visit. You may also find the following suggestions helpful.

1. If this is your first visit to a teacher's class, be sure to introduce yourself as a PEP volunteer. Ask where she would like you to sit or stand while talking to the class. If you are using posters, arrange them where all class members can see them.

2. It saves time to pass out PEP brochures to class members as they arrive (one brochure per couple).

3. Begin by introducing yourself as a PEP volunteer. If you wish, you may give some information about yourself, such as the number and ages of your children, so as to facilitate the class members' identification with you as another parent.

   Give some background information about PEP:

   > PEP is a relatively new community service which began July 1977. Our purpose is to offer emotional support and sharing of ideas to all new parents in the Santa Barbara area.
   >
   > PEP was founded by a group of women who belonged to the American Association of University Women in Goleta. They met in a child study group where they talked about their children and experiences as parents. They found during their discussions that they all had experienced similar kinds of feelings, concerns, and problems with their new babies and in relation to their new roles as parents. They also found it reassuring and exciting to share these ideas with one another and decided it would be worthwhile if this kind of sharing could be made available to all new parents.
   >
   > Thus, after a lot of planning and organization and working with community professionals, these women founded PEP.

   Give information about PEP's services:

   a. Warm-line: PEP has a 24-hour phone service that is manned by trained PEP volunteers who are parents. We encourage parents to call about any question or concern they may have. This number is also available to anyone wishing further information about PEP or about our new-parent discussion groups. We call this service a "Warm-line" as opposed to a "hotline" because we are concerned with the everyday questions and problems of parents. We will always refer your medical questions to your doctor.

b. New-Parent Discussion Groups: This is PEP's most popular service. Our groups are all made up of new parents (MOTHER and FATHER, Single Parents, and Adoptive Parents) and their babies. They meet to share their common experiences, feelings and concerns. Our discussions are very informal and focus on whatever the parents themselves wish to talk about. Most of our groups meet in the morning every two or three weeks, but we also have an evening group where fathers and working mothers can be included. We begin new groups about every six weeks.

c. Special Circumstances: If you should happen to have a special situation involving your delivery or baby, such as Cesarean birth, premature baby, parent-infant separation, or belated parenthood, we have PEP volunteers who have had these experiences and who are available to anyone who feels they would like to talk with someone who has already been through it.

4. If the class is large, it might be a good idea to begin passing the Childbirth Class Summary Sheet (see following page) before you begin your presentation. Attach the sheets to a clipboard that also has a pen or pencil attached.

Explain the purpose of the sheet:

a. Tell them what information is asked for on the sheet.

b. It gives PEP a statistical record of how many people we have contacted personally about PEP.

c. A week or so after each mother has delivered, you or another PEP volunteer will use this list and give her a personal phone call to see how she is doing and if there is anything we can do for her. We will also offer at this time an invitation to join one of our PEP new-parent discussion groups.

d. Assure them that if they don't wish to sign, they should not feel obligated to do so.

If the class is small, you may wait until after your presentation to pass the summary sheet.

5. Ask for any questions (but don't be surprised if there aren't any). As you leave, be sure to thank the teacher and class members for their time. Wish them good luck with their births and babies.

6. Remember that you are the first personal contact these new parents will have with PEP. If they are impressed with your sincere concern for them and their babies, they will be more likely to call PEP.

7. After class visitations, please call the Childbirth Class Coordinator and let her know the number of persons who signed your summary sheet. If you do not wish to do the postpartum calls yourself, also be sure that she receives the summary sheet.

APPENDIX R

GROUP LEADER TRAINING
(Reading Unit)

In training, we will be discussing the Role of the Facilitator and teaching skills which will enable the facilitator to carry out her responsibilities. Because of the extensive nature of the material to be covered and the limited time in which to do it, we are providing some general background information about group dynamics and styles of leadership upon which we will build for our interpretation of the role of the facilitator.

This information is presented in the form of an advanced reading unit. We expect that it will be read prior to training so that you may acquaint yourself with the role we see the facilitator as playing in our discussion groups.

Group Theory

It is important to remember that organized groups have two jobs to perform and both must be done well if the group is to function effectively on a continuing basis. These two jobs are:

1. Task--the actual working job undertaken by the group, in our case, sharing and problem solving.
2. Maintenance--fulfillment of Psycho-Social (or socio-emotional) needs of its members. This is of primary importance in PEP discussion groups.

It is vital that a leader maintain a balance between "getting the job done" and giving attention to the needs of individual members of the group.

Roles

It is also necessary to understand that group members fulfill various "roles" during the group process. The term "role" refers to the way individuals react to what the group is doing. Any one member may play a variety of roles, and a facilitator must be prepared to adopt many of these roles at first. As group rapport and trust are established, other group members will or can be encouraged to assume these roles.

The roles fit into three categories:

1. Group Task Roles--Member roles here are related to the task, or problem solving. Their purpose is to facilitate and coordinate group effort in the selection and definition of a problem and in the solution of that problem. Examples are:
    - a. The Initiator-Contributor suggests or proposes new ideas or procedures.
    - b. The Energizer stimulates the group to action or decision and attempts to arouse it to "higher" or "greater" levels of activity.
    - c. The Elaborator spells out suggestions in terms of examples or develops meaning.
2. Group Building and Maintenance Roles--Roles are oriented toward the functioning of the group as a group. They are aimed toward good member relations.
    - a. The Encourager offers understanding and acceptance of all points of view through active listening and encouragement.
    - b. The Harmonizer attempts to mediate the differences between other members by reconciling disagreements and relieving tension in situations of conflict.
    - c. The Compromiser offers ideas for a way out of conflict by admitting error, or other possibilities.

    (It is important for facilitators in PEP groups to emphasize the Encourager role.)

3. Individual Roles--These roles are directed toward the satisfaction of the members' individual needs. Recognizing and dealing with these roles are essential to facilitating problem-solving.

    a. The Blocker tends to be negative and disagrees without attempting to maintain or bring back an issue after the group has passed it by.

    b. The Recognition Seeker calls attention to herself through boasting and acting in unusual ways.

    c. The Dominator speaks authoritatively, frequently interrupting others in the process.

   It is the responsibility of the group leader to prevent these individuals from disrupting or dominating group discussion. At the same time, ways must be found to meet the obvious needs of these members as well.

Group Rapport

An important task for a leader is giving definite attention to establishing group rapport. There are two ways to help develop good rapport within a group:

1. Establishing good Interpersonal Relationships--Knowledge and understanding of other individuals in the group increases acceptance by the group of all its members.

   The Insight Period aids in establishing understanding and acceptance. Held during the first meeting with time allotted for each person to talk about herself--background and interests, attitudes, and in PEP groups, pregnancy and birth experience.

2. Give attention to Physical and Emotional Atmosphere.

    a. Physical atmosphere--room needs to be right size for group. Members should be seated so all can see, temperature comfortable, ash trays adequate, etc.

b. Emotional atmosphere--it is vital that members feel accepted and trusted. Informality, and a non-judgmental attitude on the part of the facilitator, allows members to relax and participate.

Observing and Evaluating Group Process

In observing and evaluating the group process the facilitator should remain constantly aware of the following areas:

ATMOSPHERE: Watch for freedom of expression, friendliness, formality, cooperativeness, trust, etc.

PARTICIPATION: Is it localized? Do members really listen to one another or just wait to be heard? To whom are remarks usually addressed? Are there sheep-like decisions?

GOALS: How are they chosen? To what extent does the group understand what and why it is doing what it is?

INTERACTION: What of the interaction within the group? Signs of power structure? What kinds of sub-groups are there? How do members work together? How well does the group work as a team?

LEADER ROLES: How aware are you of what is in the members' minds? Do you become involved emotionally? Do you influence group decisions? Are you Autocratic (leader makes goals), paternalistic (leader deciding for the good of the group), permissive (allows group to do what it wants), or democratic (leader works with group to decide goals)?

MEMBER ROLES: Which seemed most interested in how the group was performing? Which member was most interested in specific problem under discussion? Which was most interested in himself?

DISTRACTING INFLUENCES: Whispers, discussion dominators, mini-group conversations?

Leading Discussions

A discussion leader helps the group select and define problems to discuss, seeing that all points of view are given a chance. She helps keep discussion on the beam, clarifies and summarizes, and helps to maintain an atmosphere of trust and acceptance.

Communication

The most important aspect of any discussion is communication. Recent studies show that a large percentage of communication is totally ineffective. Non-listening is automatic for many. Some principles the group and its leader need to be aware of include the following:

1. It is our responsibility to get a listener on our wavelength.
2. We may not make clear what we wish to say. We need to be sure we are speaking clearly, using understood words, at a pace the listener can follow. In all communication, the sender must keep in mind that receiver and be sure a message has been understood.
3. No one at all is going to listen just because we are talking.
4. We need automatically to watch for signs of inattention, and take action to improve the situation before proceeding.

In PEP groups, a certain level of inattention and distraction will be expected due to the presence of infants.

Effective Speech

An effective facilitator must become an effective speaker. She should be skillful in using the spoken word, learn how to use it effectively, and keep practicing until she can do so easily and naturally.

Some common speaking difficulties to be aware of and correct are:

Distracting gestures
Paper fumbling

"uh" and "and-uh"
"You know"
Lack of sufficient volume

Participation

In PEP groups it is important that the facilitator provide opportunities and encouragement for all members to participate in discussions. Several principles apply to the problem of participation:

1. It is important to understand why individuals join groups. Satisfaction of the individuals' needs and expectations will increase the likelihood of enthusiastic participation.
2. Research indicates that the manner in which an individual's ego is supported and rewarded by the group has a great deal to do with participation and her identity with the group.
3. Those members who participate most are those who understand the purposes and functions of the group and have clearly in mind the group's expectations.

An individual's mental attitude affects her personal value and satisfaction and has great influence on how she relates to and participates in group process. There are three common types of self-concepts which are particularly damaging to a group--and all have their roots in fear.

1. I AM TURNED OFF--I JUST DON'T CARE: This lack of enthusiasm or participation stems from a feeling of alienation and fear of exposing oneself to the disinterest or judgment of peers.
2. I AM A FAILURE: Certain individuals have a built-in sense of failure (again due to fear).
3. NOBODY LIKES ME, I'M NEGLECTED: The individual whose self-concept falls into this category is probably the hardest to deal with. In a group she may cause problems by talking too much, being distracting, or refusing to participate (all efforts to gain attention) or she may talk.

In addition to these outward indicators of poor self-concept, PEP facilitators must be aware of and encourage expression of the many feelings and doubts experienced by new parents. Vital to enlisting this participation is an open, trusting, non-judgmental atmosphere. As members begin to experience acceptance and understanding, self-concept and participation should begin to improve.

Problem Solving in PEP Groups

During modified free discussion, specific problems will surface which will require the attention of the group members to solve. There are two techniques which will be used most frequently when dealing with problem-solving in PEP groups. It is important that the members and leader remain non-judgmental until all aspects of the problem have been considered.

1. BRAIN-STORMING is a creative, freewheeling way for many minds to think of an answer for one question, concern or problem. The following guidelines describe the procedure for brain-storming.

First stage: Suggestions

1. State the question; leaders write it down and continue to record ideas.
2. Ask for all possible suggestions, ideas, solutions without making judgments, defenses, evaluations or discussions.
3. Quantity, not quality is important. All silly, wild ideas are vital and valid.
4. Build on other ideas, allow suggestions to evolve from one to the next.

Second stage: Selection

1. Allow for group to "run" dry, then call for the need to examine the recorded ideas. (A set time limit may be selected prior to beginning.)

2. Apply critical judgments by asking members to evaluate the list. Record a new list.

3. Look for clues or common denominators in the wildest suggestions.

4. Through the process of elimination, select the most reasonable suggestions as possible ways to solve the original question.

Third stage: Follow-Up

1. Send the participants home with ideas to put into actual use.

2. Discuss and evaluate suggestions after a week or so of practical application.

2. SEVEN STEPS TO PROBLEM SOLVING is an analytical approach to discussing possible solutions to concerns or problems. When used most effectively, it presents a logical progression from definition of problem to follow-up. It is important that the facilitator take notes to assist in the process.

Seven Steps to Problem Solving

Steps	Methods	Facilitating	Blocking
1. Define problem	General discussion, buzz groups	Initiating activity, clarifying, analyzing, summarizing	Abstraction, generalization, seeking sympathy
2. Gather data	Buzz groups, documents, outside resources	Seek, give information,* encourage, evaluate**	Premature decision, opinions given seeking recognition, going off target, criticizing

---

*Facts, criteria, assumptions

**Valid, reasonable, reliable, logical, unbiased.

Steps	Methods	Facilitating	Blocking
3. List possible	Brain-storm, buzz groups, individual work	Furnish information, coordinate, collaborate, express group feelings, diagnose, non-evaluation	Over analytical, attaching ideas to people, withdrawal competing
4. Test solutions	General discussion, role-playing	Reality testing* without prejudice, harmonizing	Judgmental attitudes
5. Decide final solution	Group concensus, individual decides	Summarizing, matching one solution against others, selection of best	Polarization
6. Taking action	Individual	Group support	Outside pressures
7. Follow-up	Group discussion	Evaluating	

Remember that no problem is complete until action is planned and executed.

Leadership for PEP Discussions

The discussion of types of groups, individuals in them, the group dynamics of their interactions, and the group problem solving process leads to the specific description of the Responsibilities of the Discussion Leader (or Facilitator).

Since the goal of PEP discussion groups is the expression of attitudes, values, and feelings, the modified free discussion method of group participation will be utilized. With this method the leader acts as a consultant by introducing the topic for the specific meeting, guiding and encouraging participation and summarizing the group's discussion. There may be more than one topic for a meeting and the group may move on to other topics as needed; however, the leader will guide the changes to insure involvement of the group. Any attempt on the leader's part to use authority or power over the members will result in a stifling of group activity. The success of this type of group depends upon group climate and the skill of the leader.

Responsibilities of the Group Leader Are:

1. To get the group together.
2. To introduce and maintain the subject to be discussed.
3. To reflect feelings.
4. To help the group and individuals focus on hostilities, antagonisms, anxieties, and fears.
5. To assist the group in recognition, clarification and development of understanding by:
    a. Keeping aware of individual's efforts to be heard and by providing an adequate opportunity to contribute. This includes calling the groups' attention to unheard contributions.
    b. Helping the group understand the meaning and intent of individual contributions.
    c. Maintaining continuity of group discussion by pointing out the relationship of similar ideas offered by different group members.
    d. Encouraging inter-member discussion rather than member-leader discussion.
    e. Conveying acceptance by accepting a non-critical attitude and by refraining from evaluating member contributions.
    f. Preventing anyone from taking over and monopolizing the meeting. Don't rely only on those who are always articulate and eager to talk. Try to bring in those who aren't talking by making them feel that their contribution would be welcomed by the group. But call on

people by name only when you know they are trying to get in, or when you are sure they won't be embarrassed by being called upon.

  g. Keeping the discussion on the subject. Some diversions may be fruitful, but only insofar as they can be related before too long to the main topic.

  h. Helping the group bring out logical fallacies and errors or reasoning. It would be a mistake to try to push too hard, too fast along these lines, and the leader should not fit the discussion rigidly into a preconceived pattern, nor use cross-examination where the result is to make people look foolish.

6. To keep the discussion flowing. A good brisk pace is desirable, but don't move it faster than the group wants to go; patience is an important attribute of the good leader.

7. To summarize subject and meeting consensus of feelings.

8. To refer individuals to professionals, agencies or other resources when needed.

The modified free discussion format usually allows for the following:

1. It permits attitudes and values to come to life and be expressed so that all members can be fully aware that they exist.

2. It leads to clarification of common concerns, joys, worries, fears and experiences.

3. It allows for expression of negative attitudes, fears and suspicions.

4. It encourages sharing of constructive alternatives to solving problems.

5. It draws upon members to solve members' problems, worries, fears.
6. It invites participants to learn that their feelings are similar to others.
7. It allows for friendships to evolve out of group acquaintances.

When discussing the role of the facilitator it is appropriate to offer an important caution: DON'T GIVE THE ANSWERS and DON'T GIVE YOUR OWN OPINIONS. It is not your function to lecture or instruct. If there are answers, they are to be sought from the group members. It is very difficult to be impartial and you may have strong feelings on the subject discussed; however, it is important to keep your discussion of them to a minimum. The reasons for this are:

1. The prestige of leadership may give your views a little more weight than anyone else's, and you will be using your position unfairly if you express your ideas.
2. Once you become involved as a protagonist, expressing and defending your own views, you will not have time to perform the real functions of discussion leadership.

Types of Groups and Individuals
How to Handle Them

It is unlikely that the PEP groups will be difficult to deal with; however, the following examples and guidelines for groups may be helpful.

1. Bright, active, responsive group	Be well prepared. Keep on top of the discussion, ahead of the group.
2. Resistant, antagonistic, defensive (lack of understanding, experience, or interest)	Identify reasons for lack of enthusiasm by asking directly and frankly for negative feelings and expectations. Work slowly to break down barriers to discussion.

3. Slow, passive, indifferent	Do more talking than usual, go slowly. Ask simple, but provocative questions. Thoroughly explain topic and format. Use effective forms of leading. Show lots of enthusiasm and build upon what is known and expressed.

There are two general classifications of individuals participating in group discussions--those who talk and those who do not; however, within these two groups there exists a wide variety of member types. Whatever the problem individual, an effective and honest way of approaching her/him would be to make an "I feel" statement. This brings attention to the situation but takes the burden off the individual by putting the focus on the facilitator's feelings. Group members who may require special handling and examples of suggestions for responding are included below:

1. Arguer	Say: "I feel surprised that we are arguing about this," or whatever the interviewer is feeling. Recognize legitimate objections, but if problem continues, try to ignore comments. Group may come to leader's aid. Speak with person privately and ask for cooperation.
2. Asks Leader for Opinion	Redirect question to the group but if the answer is not forthcoming suggest that it be found out by the next meeting or brain-storm question or the way of finding a solution.
3. Bored	Find person's interest and call on for own experience.
4. Definitely wrong	If the person is wrong, say "that is one way of looking at it," and then go on.
5. Irrelevant	Direct attention to topic under discussion. State, "That is interesting and let's plan to come back to that after we finish ____."
6. Complainer	Needs to talk it out, but if dominating group, ask if another member has had a similar complaint. If persistent, ask if person could speak with leader later. Say, "I feel..."

7. Just wants to listen	Interested, but didn't come to talk. Use direct provocative question.
8. Not helpful	Try to draw person out on a few points by saying how much the group could benefit from own experience. Show appreciation.
9. Obstinate	Usually person does not see the point. Try to get others to help out. If person is the only one, then ask to speak alone later. Say, "I feel..."
10. Has own, other problem	Try to deal with it if it is pertinent. Get group opinion. If taking too much of group's time then ask that it be brought up after the meeting.
11. Personalities	Where persons dispute each other, cut across with a direct question to one. Then bring in other member. Frankly state that personality differences must be left out.
12. Poor voice or use of words	Ideas may be good. Help out by repeating ideas in your own words. "In other words, you mean..."
13. Quick, too helpful	Often keeps others out. Tactfully direct questions to others. Show appreciation but say, "let's get several opinions." Use this person to summarize.
14. Rambler	When person pauses for a breath, say thank you, rephrase one of the statements and pass on. May have to ask, "which topic are you addressing?"
15. Shy, hesitant	Ask direct question which can be definitely answered. Ask for her/his agreement on an issue.
16. Side conversationalist	Say, "I feel..." or pause, let others listen to the conversation. Draw persons into your discussion by asking their opinion.
17. Talks too much	Cut across this persons talk with a summarizing statement and direct a question to someone else.

APPENDIX S

PREPARATION FOR GROUP DISCUSSION

Advanced Preparation:

1. Review the developmental material relative to the current age span of the children of the parent participants.
2. Prepare a list of possible concerns for fallback in stimulating a reticent group.
3. Remember your own experiences from that time to put yourself in a frame of mind similar to the parents. Emphasize: THIS DOES NOT MEAN THE LEADER WILL RELATE ALL THESE EXPERIENCES.
4. Remember: Child-centered problems; parent-child (mother, father) problems; husband-wife problems, self-problems.
5. Analyze your own feelings with the perspective of time.
6. Review prior session and make not of any follow-up that may be needed.
7. Remember leader flexibility and sensitivity are the keys to a good discussion.

Opening the Discussion:

1. Arrive early.
2. Set up the room.
3. Start on time.
4. Announce Rules: Time limits, leaders not experts, no endorsements, do not mention doctors by name.
5. Plan introductions. This helps set the climate. Group members should become acquainted. Informality of the group leader and her/his warm reflection and friendly attitude toward all group members will encourage participation. You may want to include an icebreaker: PEP discusses birth experiences.
6. You may allow time for a follow-up from the previous meeting if necessary.
7. Relax.

Closing the Discussion:

1. Keep on time.
2. Wind down. Give warning that it is almost time for closing. If someone wants to stay or is in the middle of an important discussion, say, "Someone may need to leave. Those of you who wish to stay may feel free to do so."
3. Summarize when necessary.

APPENDIX T

DISCUSSION TOPICS FOR GROUP LEADERS

The following is a list of topics or concerns that have most frequently been discussed by parents in PEP groups. They are listed in the approximate order in which they seemed to occur. For example, discussing lack of sleep is appropriate in the first meeting, whereas talking about the need to find a babysitter or to find time to oneself may be more likely to occur later.

Childbirth experiences

Reality versus expectation of what it would be like bringing a baby home from the hospital

Lack of sleep—associated problems and feelings

Feeding schedules

Breastfeeding problems, sore nipples, etc.

Crying baby

Husband's reaction to the baby

Relations within the family unit:

- Mother-baby: is relationship what you expected, feelings
- Father-baby: how to encourage participation and relationship
- Husband-Wife: re-establishing closeness as a couple, time together, communication, sexual relations

Leaving the baby with others

Mother's diet: losing weight, proper diet, exercise

How to deal with advice—from other people, from books

Relationship and communication with pediatrician

Meeting baby's needs versus spoiling

Infant development and stimulation

Parents have needs too, finding time to oneself

Mother returning to work--feelings and problems, babysitters

Problems with older siblings

Solid foods

Illness

Sleeping problems

Should I let the baby cry?

Safety--babyproofing

Discipline

Travelling with baby

Fostering independence

Weaning

Relations with family, in laws

Sharing community resources and activities

APPENDIX U

PARENT DISCUSSION GROUP SUMMARY SHEET

PARENT DISCUSSION GROUP SUMMARY SHEET

DATE/TIME __________ PLACE ____________________________________ AVERAGE AGE OF BABIES __________

____

Describe the following:

ATMOSPHERE **TYPES OF PARTICIPANTS, QUESTIONS, CONCERNS, FEELINGS** **PROBLEMS AND SOLUTIONS**

EVALUATION **PLANS FOR NEXT MEETING**

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